

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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                                        |                                                                                                                                                                                                                                                                                                                | IR25-004532                                |                                                                                                                                                                                          |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                                                                                                                                                                                                           | NCIC*<br>00901                                           |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED     | NUMBER OF UNITS<br>2                                                                                                                                                                     |
| UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                   | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                       | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>09/04/2025 06:55       |                                                                                                                                                                                          |
| ROUTE TYPE<br>US                                                                                                                                                                                                                                                                                                                                                | ROUTE NUMBER<br>127                                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | LOCATION ROAD NAME                                       |                                                                                                                                                                                                                                                                                                                | LATITUDE<br>39.319921                      |                                                                                                                                                                                          |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                                 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>CALUMET |                                                                                                                                                                                                                                                                                                                | LONGITUDE<br>-84.561394                    |                                                                                                                                                                                          |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                           | DIRECTION FROM REFERENCE<br>2 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                                                          | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                            | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                          |
| DISTANCE FROM REFERENCE<br>20                                                                                                                                                                                                                                                                                                                                   | DISTANCE UNIT OF MEASURE<br>2 1 - MILES<br>2 - FEET<br>3 - YARDS             |                                                                                                                                                                                                                                                                           |                                                          | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                          |
| LOCATION OF FIRST HARMFUL EVENT<br>1 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>2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                          | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                          |                                            | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                       |                                                                              | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                           |                                                          | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                    |                                            | CONTOUR<br>2 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                        |
| LIGHT CONDITION<br>2 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                  |                                                                              | WEATHER<br>2 1 - CLEAR<br>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                                                   |                                                          | CONDITIONS<br>2 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                                |                                            |                                                                                                                                                                                          |
| SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |
| NARRATIVE<br>On 09-04-25 at 6:55 a.m., Unit 1 and Unit 2 were traveling north on US 127 (Pleasant Ave). Unit 2 was stopped in traffic when Unit 1 drove into the rear of Unit 2.                                                                                                                                                                                |                                                                              |                                                                                                                                                                                                                                                                           |                                                          | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                          |
| CRASH REPORTED DATE/TIME<br>09/04/2025 06:59                                                                                                                                                                                                                                                                                                                    |                                                                              | DISPATCH DATE/TIME<br>09/04/2025 07:00                                                                                                                                                                                                                                    |                                                          | ARRIVAL DATE/TIME<br>09/04/2025 07:10                                                                                                                                                                                                                                                                          |                                            | SCENE CLEARED DATE/TIME<br>09/04/2025 08:10                                                                                                                                              |
| TOTAL TIME ROADWAY CLOSED<br>15                                                                                                                                                                                                                                                                                                                                 | OTHER INVESTIGATION TIME<br>45                                               | TOTAL MINUTES<br>115                                                                                                                                                                                                                                                      | OFFICER'S NAME*<br>Drake, Joseph                         |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S NAME*<br>Moore, Craig |                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                           | OFFICER'S BADGE NUMBER*<br>88                            |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S BADGE NUMBER*<br>136  |                                                                                                                                                                                          |
| 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)                                                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |

IR25-004532

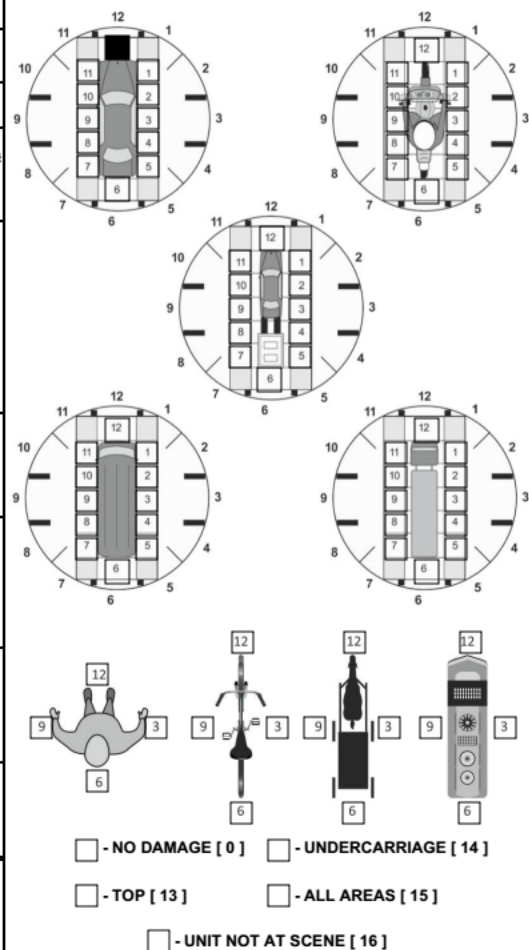
|                                                                                                                                       |                                                                                                   |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>KITTIKO, ANTHONY M | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1652 FORESTER DR, CINCINNATI, OH 45240         |                                                                                                   |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KRJ6888                                                                        | VEHICLE IDENTIFICATION #<br>1FMCU9H92DUC60483                          |
| VEHICLE YEAR<br>2013                                                                                                                  |                                                                                                   | VEHICLE MAKE<br>Ford                                                   |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                        | INSURANCE POLICY #<br>960081633                                        |
| COLOR<br>Red                                                                                                                          |                                                                                                   | VEHICLE MODEL<br>Escape                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                   |                                                                        |
| US DOT #                                                                                                                              |                                                                                                   |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                                   |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                   |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                   |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                   |                                                                        |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                                   |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                   |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                   |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                   |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                   |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                   |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                   |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                   |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                   |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                                   |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                                   |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>8                                                                                                       |                                                                                                   |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                   |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                   |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                   |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                   |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                                   |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                             | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                              |
| UNIT SPEED<br>30                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                              |

IR25-004532

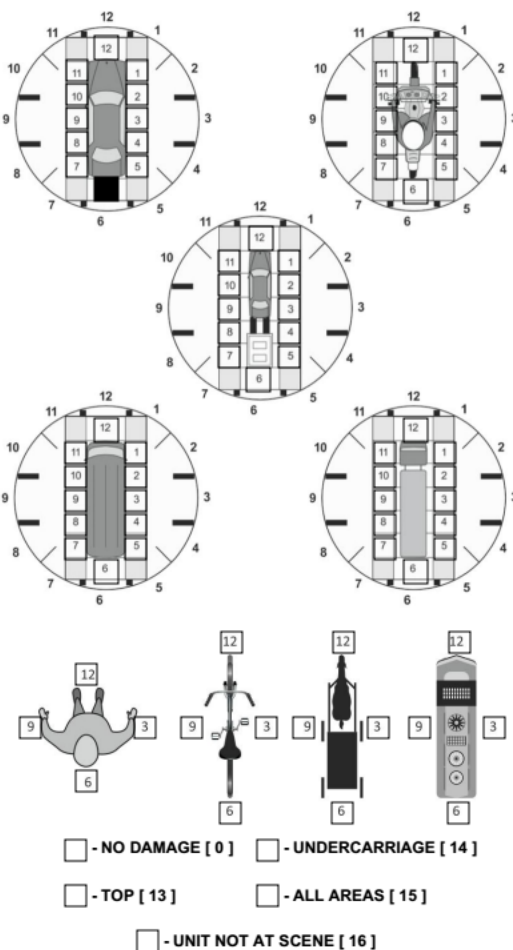
|                                                                                                                                                            |                                                                                                           |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>ON TIME MEDI TRANSPORT LLC | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>8354 PRINCETON GLNDL RD STE114 WEST CHESTER, WEST CHESTER, OH 45069 |                                                                                                           |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                        |                                                                                                           | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                             | LICENSE PLATE #<br>JNK2251                                                                                | VEHICLE IDENTIFICATION #<br>3CZRE38508G702086                          |
| VEHICLE YEAR<br>2008                                                                                                                                       | VEHICLE MAKE<br>Honda                                                                                     |                                                                        |
| INSURANCE VERIFIED                                                                                                                                         | INSURANCE COMPANY<br>VALLEY FORGE INSURANCE                                                               | INSURANCE POLICY #<br>01CA00000408301                                  |
| COLOR<br>Blue                                                                                                                                              | VEHICLE MODEL<br>Pilot                                                                                    |                                                                        |
| 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 #                                                      |                                                                                                           |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                  |                                                                                                           |                                                                        |
| # OCCUPANTS<br>2                                                                                                                                           |                                                                                                           |                                                                        |
| UNIT TYPE<br>3                                                                                                                                             |                                                                                                           |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                   |                                                                                                           |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                           |                                                                                                           |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                                                 |                                                                                                           |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                                      |                                                                                                           |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                                       |                                                                                                           |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                                       |                                                                                                           |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                                       |                                                                                                           |                                                                        |
| ACTION<br>4                                                                                                                                                |                                                                                                           |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                                            |                                                                                                           |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                                                    |                                                                                                           |                                                                        |
| EVENTS<br>1                                                                                                                                                |                                                                                                           |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                                                  |                                                                                                           |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                   |                                                                                                           |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                    |                                                                                                           |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## 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 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

0

## DETECTED SPEED

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

## POSTED SPEED

35



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                               |                                     |           |                          | LOCAL REPORT NUMBER* |               |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                        |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF BIRTH                                                                                                                                            |                                     |           |                          | AGE                  | GENDER        |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                               | SAFETY EQUIPMENT USED               |           | DOT-COMPLIANT MC HELMET  | SEATING POSITION     | AIR BAG USAGE | EJECTION | TRAPPED |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>           1 - FATAL<br/>           2 - SUSPECTED SERIOUS INJURY<br/>           3 - SUSPECTED MINOR INJURY<br/>           4 - POSSIBLE INJURY<br/>           5 - NO APPARENT INJURY         </td> <td>           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 - 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NOT EJECTED<br/>           2 - PARTIALLY EJECTED<br/>           3 - TOTALLY EJECTED<br/>           4 - NOT APPLICABLE         </td> <td colspan="2"> <b>OL ENDORSEMENT</b><br/>           H - HAZMAT<br/>           M - MOTORCYCLE<br/>           P - PASSENGER<br/>           N - TANKER<br/>           Q - MOTOR SCOOTER<br/>           R - THREE-WHEEL MOTORCYCLE<br/>           S - SCHOOL BUS<br/>           T - DOUBLE &amp; TRIPLE TRAILERS<br/>           X - TANKER / HAZMAT         </td> <td colspan="3"> <b>CONDITION</b><br/>           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         </td> </tr> <tr> <td colspan="2"> <b>TRAPPED</b><br/>           1 - NOT TRAPPED<br/>           2 - EXTRICATED BY MECHANICAL MEANS<br/>           3 - FREED BY NON-MECHANICAL MEANS         </td> <td colspan="2"> <b>GENDER</b><br/>           F - FEMALE<br/>           M - MALE<br/>           U - OTHER / UNKNOWN         </td> <td colspan="3"> <b>ALCOHOL TEST TYPE</b><br/>           1 - NONE<br/>           2 - BLOOD<br/>           3 - URINE<br/>           4 - BREATH<br/>           5 - OTHER         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"> <b>DRUG TEST TYPE</b><br/>           1 - NONE<br/>           2 - BLOOD<br/>           3 - URINE<br/>           4 - OTHER         </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"> <b>DRUG TEST RESULT(S)</b><br/>           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         </td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                     |           |                          |                      |               |          |         | 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 WITHOUT AIR BRAKES<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN |  |  |  |  |  | <b>SAFETY EQUIPMENT</b><br>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 |  |  |  |  |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE |  | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  | <b>CONDITION</b><br>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 |  |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |  | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN |  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER |  |  |  |  |  |  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |  |  |  |  |  |  | <b>DRUG TEST RESULT(S)</b><br>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 |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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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 WITHOUT AIR BRAKES<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 |                                     |           |                          |                      |               |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>SAFETY EQUIPMENT</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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<b>CONDITION</b><br>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                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                |                         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| <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                |                                         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RESULT(S)</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                      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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR25-004532

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |  |  |                 |  |  |  |                                                                                       |  |  |  |                |  |  |  |                                                                                            |  |
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                                                                                     | <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> |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                     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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">INJURY</th> <th style="width:25%;">SAFETY EQUIPMENT USED</th> <th style="width:25%;">SEATING POSITION</th> <th style="width:25%;">AIR BAG USAGE</th> </tr> <tr> <td> 1 - FATAL<br/> 2 - SUSPECTED SERIOUS INJURY<br/> 3 - SUSPECTED MINOR INJURY<br/> 4 - POSSIBLE INJURY<br/> 5 - NO APPARENT INJURY </td> <td> 1 - NONE USED - VEHICLE OCCUPANT<br/> 2 - SHOULDER BELT ONLY USED<br/> 3 - LAP BELT ONLY USED<br/> 4 - SHOULDER &amp; 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 </td> <td> 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 </td> <td> 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 </td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"><b>EJECTION</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> 1 - NOT EJECTED<br/> 2 - PARTIALLY EJECTED<br/> 3 - TOTALLY EJECTED<br/> 4 - NOT APPLICABLE </td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"><b>TRAPPED</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> 1 - NOT TRAPPED<br/> 2 - EXTRICATED BY MECHANICAL MEANS<br/> 3 - FREED BY NON-MECHANICAL MEANS </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                        |                              |                                                  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 - 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 |  |  | <b>EJECTION</b> |  |  |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE |  |  |  | <b>TRAPPED</b> |  |  |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |  |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                         | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AIR BAG USAGE                                                                                                                                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                     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       |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 - NONE USED - VEHICLE OCCUPANT<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 - 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 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |  |  |                 |  |  |  |                                                                                       |  |  |  |                |  |  |  |                                                                                            |  |
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NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |  |  |                 |  |  |  |                                                                                       |  |  |  |                |  |  |  |                                                                                            |  |
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NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |  |  |                 |  |  |  |                                                                                       |  |  |  |                |  |  |  |                                                                                            |  |
| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |  |  |                 |  |  |  |                                                                                       |  |  |  |                |  |  |  |                                                                                            |  |
| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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