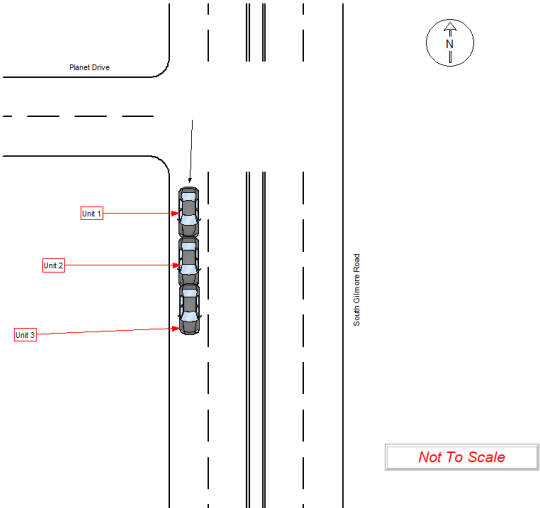


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| <div> <div> <div> <div> <div>PHOTOS TAKEN</div> <div>SECONDARY CRASH</div> </div> <div> <div>OH-2</div> <div>OH-1P</div> <div>PRIVATE PROPERTY</div> </div> <div> <div>OH-3</div> <div>OTHER</div> </div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div> </div>                                                                                                 |                                                   |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              | <div>LOCAL REPORT NUMBER*</div> <div>IR25-004895</div>                                                                                                                                                                                                         |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>COUNTY*</div> <div>09</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <div>LOCALITY*</div> <div>1</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div>                                                                                                            |                                                                                                     | <div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>CRASH DATE/TIME*</div> <div>09/22/2025 14:10</div>                                                                                                                                                                                               |                                                                                              | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>3</div>                                      |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LOCATION</div> <div>REFERENCE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div>ROUTE TYPE</div>                             | <div>ROUTE NUMBER</div>                                                                                                                                                                                         | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>LOCATION ROAD NAME</div> <div>South Gilmore</div>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div> <div>RD</div>                                                                                                                                                                                                                    | <div>LATITUDE</div> <div>39.324373</div>                                                     |                                                                                                                                                                                                                                                                | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>3</div> |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div>ROUTE TYPE</div>                             | <div>ROUTE NUMBER</div>                                                                                                                                                                                         | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>Planet</div>                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div> <div>DR</div>                                                                                                                                                                                                                    | <div>LONGITUDE</div> <div>-84.521998</div>                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>REFERENCE POINT</div> <div>1</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div>                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | <div>DIRECTION FROM REFERENCE</div> <div>2</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                              |                                                                                                     | <div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>                                                                                                                                                                  |  | <div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div> |  | <div>INTERSECTION RELATED</div> <div> <div>WITHIN INTERSECTION OR ON APPROACH</div> <div>WITHIN INTERCHANGE AREA</div> </div> <div>NUMBER OF APPROACHES</div> <div>ROADWAY</div> <div>ROADWAY DIVIDED</div>                                           |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>DISTANCE FROM REFERENCE</div> <div>53</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <div>DISTANCE UNIT OF MEASURE</div> <div>2</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>                                                                                                  |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div> |                                                   |                                                                                                                                                                                                                 |                                                                                                     | <div>MANNER OF CRASH COLLISION/IMPACT</div> <div>2</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>DIRECTION OF TRAVEL</div> <div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> </div>                                                                                                                         |                                                                                              | <div>MEDIAN TYPE</div> <div> <div>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (&gt;= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div> </div> |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | <div>WORK ZONE TYPE</div> <div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div> </div> |                                                                                                     | <div>LOCATION OF CRASH IN WORK ZONE</div> <div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div> </div>                                                                                                                             |  | <div>CONTOUR</div> <div>1</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div>                                                                                                                                                                                                                                                                                                           |  | <div>CONDITIONS</div> <div>2</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> |                                                                                              | <div>SURFACE</div> <div>2</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div>                                           |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LIGHT CONDITION</div> <div>1</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div>                                                                                                                                                                                                                                                          |                                                   |                                                                                                                                                                                                                 |                                                                                                     | <div>WEATHER</div> <div>2</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div>                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>NARRATIVE</div> <div>On 9/22/2025 around 2:10 P.M., Units 1, 2, and 3 were traveling southbound on South Gilmore Road south of Planet Drive. Units 2 and 3 were stopped in traffic. Unit 1 then rear-ended Unit 2, which propelled Unit 2 into Unit 3.</div>                                                                                                                                                                                                                                             |                                                   |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>DIAGRAM</div>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>CRASH REPORTED DATE/TIME</div> <div>09/22/2025 14:12</div>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | <div>DISPATCH DATE/TIME</div> <div>09/22/2025 14:12</div>                                                                                                                                                       |                                                                                                     | <div>ARRIVAL DATE/TIME</div> <div>09/22/2025 14:16</div>                                                                                                                                                                                                                                                                                                                |  | <div>SCENE CLEARED DATE/TIME</div> <div>09/22/2025 15:07</div>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <div>REPORT TAKEN BY</div> <div> <div>POLICE AGENCY</div> <div>MOTORIST</div> </div>                                                                                                                                                                  |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>TOTAL TIME ROADWAY CLOSED</div> <div>0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div>OTHER INVESTIGATION TIME</div> <div>30</div> | <div>TOTAL MINUTES</div> <div>85</div>                                                                                                                                                                          | <div>OFFICER'S NAME*</div> <div>Wigal, Corey</div>                                                  |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S NAME*</div> <div>Roush, Alexander</div>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                       | <div>SUPPLEMENT</div> <div>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div> |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                                 | <div>OFFICER'S BADGE NUMBER*</div> <div>184</div>                                                   |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>170</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>JAMA, ABDULLAHI                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                     |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>101 REBEL DR APT 5, FLORENCE, KY 41042 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                |                      |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>T586687                                                                                                    | VEHICLE IDENTIFICATION #<br>3FAHP0JA5BR146456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE YEAR<br>2011                                                                                                       | VEHICLE MAKE<br>Ford |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURANCE POLICY #                                                                                                         | COLOR<br>Silver      |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOWED BY: COMPANY NAME                                                                                                     |                      |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> |                      |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                                                                                          |                                                                                                                            |                      |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                      |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                         |                                                                                                                            |                      |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                               |                                                                                                                            |                      |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                      |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                      |                                                                                                                            |                      |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                                            |                      |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                   |                                                                                                                            |                      |
| SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
| EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                    |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                      |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               | MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                      |

LOCAL REPORT NUMBER\*

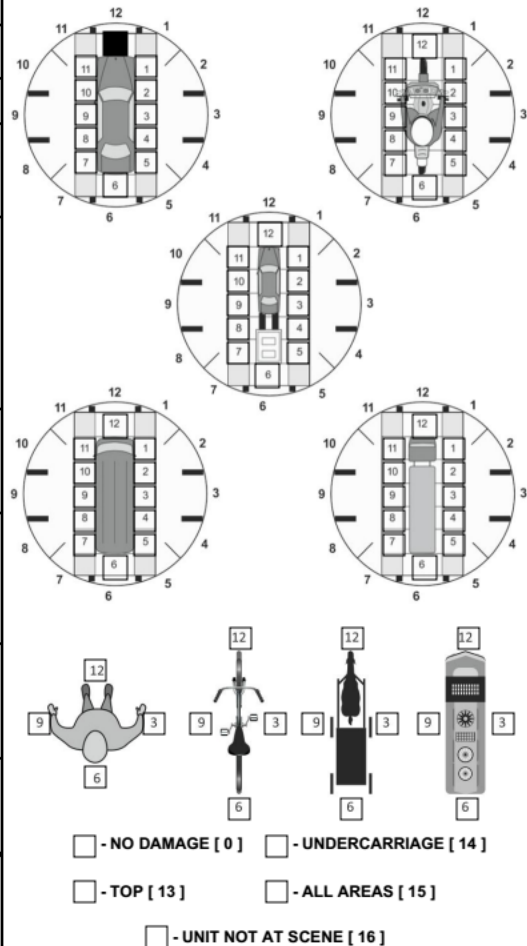
IR25-004895

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                             | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<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>35                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|
| <b>OWNER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>UNIT #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>LEMASTER, KENNETH DAVID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | <b>OWNER PHONE:</b> INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>196 BRUSHWOOD DR, LOVELAND, OH 45140</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>LP STATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>LICENSE PLATE #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>VEHICLE IDENTIFICATION #</b>                                                                | <b>VEHICLE YEAR</b>                                                             | <b>VEHICLE MAKE</b>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 162ZVK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JTHCE1D28G5012229                                                                              | 2016                                                                            | Lexus                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>INSURANCE COMPANY</b><br>CINCINNATI INSURANCE CO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | <b>INSURANCE POLICY #</b><br>A020102671                                         | <b>COLOR</b><br>Silver |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TYPE OF USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>US DOT #</b>                                                                                | <b>TOWED BY:</b> COMPANY NAME<br><b>FOX TOWING</b>                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b># OCCUPANTS</b><br>1                                                                        | <b>HAZARDOUS MATERIAL</b>                                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. | <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>UNIT TYPE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b># OF TRAILING UNITS</b><br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AUTONOMOUS MODE LEVEL</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>SPECIAL FUNCTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>CARGO BODY TYPE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>VEHICLE DEFECTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>11 - PRE-CRASHES & ACTIONS<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>CONTRIBUTING CIRCUMSTANCES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>SEQUENCE OF EVENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| <b>EVENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                      |                                                                                                |                                                                                 |                        |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                 |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                |                                                                                 |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>FIRST HARMFUL EVENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                 |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MOST HARMFUL EVENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                 |                        |

|                                                                                                                                                                                                                                        |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>LOCAL REPORT NUMBER*</b>                                                                                                                                                                                                            |                                                                                                                              |
| IR25-004895                                                                                                                                                                                                                            |                                                                                                                              |
| <b>DAMAGE</b>                                                                                                                                                                                                                          |                                                                                                                              |
| <b>DAMAGE SCALE</b>                                                                                                                                                                                                                    |                                                                                                                              |
| 4                                                                                                                                                                                                                                      | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                      |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
|                                                                                                                                                                                                                                        |                                                                                                                              |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |                                                                                                                              |
| <b>INITIAL POINT OF CONTACT</b>                                                                                                                                                                                                        |                                                                                                                              |
| 6                                                                                                                                                                                                                                      | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
| <b>TRAFFIC</b>                                                                                                                                                                                                                         |                                                                                                                              |
| <b>TRAFFICWAY FLOW</b>                                                                                                                                                                                                                 | <b>TRAFFIC CONTROL</b>                                                                                                       |
| 2                                                                                                                                                                                                                                      | 1 - ONE-WAY<br>2 - TWO-WAY<br>6                                                                                              |
| 4                                                                                                                                                                                                                                      | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                            |
| <b>UNIT / NON-MOTORIST DIRECTION</b>                                                                                                                                                                                                   |                                                                                                                              |
| FROM 1                                                                                                                                                                                                                                 | TO 2                                                                                                                         |
| 1 - NORTH    5 - NORTHEAST<br>2 - SOUTH    6 - NORTHWEST<br>3 - EAST    7 - SOUTHEAST<br>4 - WEST    8 - SOUTHWEST<br>9 - OTHER/UNKNOWN                                                                                                |                                                                                                                              |
| <b>UNIT SPEED</b>                                                                                                                                                                                                                      | <b>DETECTED SPEED</b>                                                                                                        |
| 0                                                                                                                                                                                                                                      | 1                                                                                                                            |
| <b>POSTED SPEED</b>                                                                                                                                                                                                                    | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                                                         |
| 35                                                                                                                                                                                                                                     |                                                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SMITH, EVERETT JERRY JR | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>6279 GLENMONT DR, FAIRFIELD TWP, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>KBP7839                                                                             | VEHICLE IDENTIFICATION #<br>5YJ3E1EA0LF662642                          |
| VEHICLE YEAR<br>2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | VEHICLE MAKE<br>Tesla                                                  |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>TESLA INSURANCE                                                                   | INSURANCE POLICY #<br>TLA-OH-A-9999RRG6                                |
| COLOR<br>Red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | VEHICLE MODEL<br>Model 3                                               |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| TOWED BY: COMPANY NAME<br>WAYNE'S GARAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                 |                                                                                                        |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN<br>AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - STRAIGHT AHEAD<br>8 - BACKING<br>9 - CHANGING LANES<br>10 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN<br>12 - MAKING LEFT TURN<br>13 - MAKING U-TURN<br>14 - ENTERING TRAFFIC LANE<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                       |                                                                                                        |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                        |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE OPPOSITE DIRECTION OF TRAVEL<br>13 - DOWNHILL RUNAWAY<br>14 - OTHER NON-COLLISION<br>15 - PEDESTRIAN<br>16 - PEDALCYCLE<br>17 - RAILWAY VEHICLE<br>18 - ANIMAL - FARM EQUIPMENT<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                      |                                                                                                        |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                        |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |

LOCAL REPORT NUMBER\*

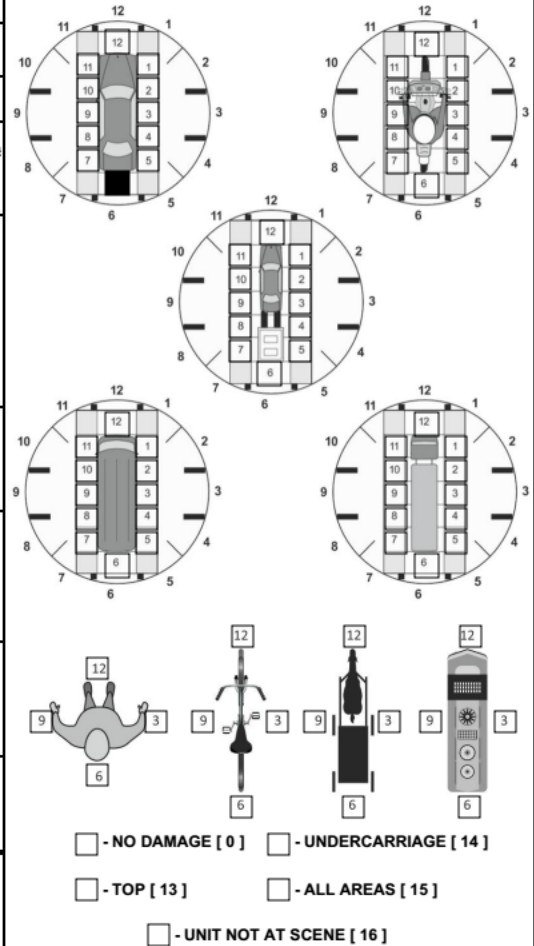
IR25-004895

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

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

IR25-004895

|                                |                                                                                       |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  |                         |                        |                     |                |      |                       |
|--------------------------------|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|------------------------|---------------------|----------------|------|-----------------------|
| <b>MOTORIST / NON-MOTORIST</b> | <b>UNIT #</b>                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |                        |                                                        | <b>DATE OF BIRTH</b>                                                                                       |                              |                                                  |                         | <b>AGE</b>             | <b>GENDER</b>       |                |      |                       |
|                                | 1                                                                                     | JAMA, ABDULLAHI                   |                                   |                        |                                                        | 01/01/1997                                                                                                 |                              |                                                  |                         | 28                     | M                   |                |      |                       |
|                                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>101 REBEL DR APT 5, FLORENCE, KY 41042    |                                   |                                   |                        |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                   |                              |                                                  |                         |                        |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>INJURIES</b>                                                                       | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                                                                                            | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |      |                       |
|                                | 5                                                                                     |                                   |                                   |                        |                                                        |                                                                                                            | 4                            | <input type="checkbox"/>                         | 1                       | 1                      | 1                   | 1              |      |                       |
|                                | <b>OL STATE</b>                                                                       | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |                                                        | <b>LOCAL CODE</b>                                                                                          | <b>OFFENSE DESCRIPTION</b>   |                                                  |                         | <b>CITATION NUMBER</b> |                     |                |      |                       |
|                                | OH                                                                                    |                                   |                                   | 333.03a                |                                                        |                                                                                                            | ACDA                         |                                                  |                         | 2500214401             |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>OL CLASS</b>                                                                       | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>                                                                            |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |      |                       |
|                                | 6                                                                                     |                                   |                                   |                        | 1                                                      | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1                                                | STATUS                  | TYPE                   | VALUE               | STATUS         | TYPE | RESULT SELECT UP TO 4 |
|                                |                                                                                       |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  | 1                       | 1                      |                     | 1              | 1    |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>UNIT #</b>                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |                        |                                                        | <b>DATE OF BIRTH</b>                                                                                       |                              |                                                  |                         | <b>AGE</b>             | <b>GENDER</b>       |                |      |                       |
|                                | 2                                                                                     | LEMASTER, JACOB ALEXANDER         |                                   |                        |                                                        | 03/10/2004                                                                                                 |                              |                                                  |                         | 21                     | M                   |                |      |                       |
|                                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>196 BRUSHWOOD DR, LOVELAND, OH 45140      |                                   |                                   |                        |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                   |                              |                                                  |                         |                        |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>INJURIES</b>                                                                       | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                                                                                            | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |      |                       |
|                                | 3                                                                                     | 1                                 | FAIRFIELD CITY EMS                |                        | MERCY FAIRFIELD HOSPITAL, FAIRFIELD                    |                                                                                                            | 4                            | <input type="checkbox"/>                         | 1                       | 4                      | 1                   | 1              |      |                       |
|                                | <b>OL STATE</b>                                                                       | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |                                                        | <b>LOCAL CODE</b>                                                                                          | <b>OFFENSE DESCRIPTION</b>   |                                                  |                         | <b>CITATION NUMBER</b> |                     |                |      |                       |
|                                | OH                                                                                    |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  |                         |                        |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>OL CLASS</b>                                                                       | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>                                                                            |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |      |                       |
|                                | 4                                                                                     |                                   |                                   |                        | 1                                                      | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1                                                | STATUS                  | TYPE                   | VALUE               | STATUS         | TYPE | RESULT SELECT UP TO 4 |
|                                |                                                                                       |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  | 1                       | 1                      |                     | 1              | 1    |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>UNIT #</b>                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |                        |                                                        | <b>DATE OF BIRTH</b>                                                                                       |                              |                                                  |                         | <b>AGE</b>             | <b>GENDER</b>       |                |      |                       |
|                                | 3                                                                                     | SMITH, EVERETT JERRY JR           |                                   |                        |                                                        | 09/25/1982                                                                                                 |                              |                                                  |                         | 42                     | M                   |                |      |                       |
|                                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>6279 GLENMONT DR, FAIRFIELD TWP, OH 45011 |                                   |                                   |                        |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                   |                              |                                                  |                         |                        |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>INJURIES</b>                                                                       | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          |                        | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                                                                                            | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b> |      |                       |
|                                | 3                                                                                     | 2                                 | FAIRFIELD CITY EMS                |                        | MERCY FAIRFIELD HOSPITAL, FAIRFIELD                    |                                                                                                            | 4                            | <input type="checkbox"/>                         | 1                       | 1                      | 1                   | 1              |      |                       |
|                                | <b>OL STATE</b>                                                                       | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b> |                                                        | <b>LOCAL CODE</b>                                                                                          | <b>OFFENSE DESCRIPTION</b>   |                                                  |                         | <b>CITATION NUMBER</b> |                     |                |      |                       |
|                                | OH                                                                                    |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  |                         |                        |                     |                |      |                       |
| <b>MOTORIST / NON-MOTORIST</b> | <b>OL CLASS</b>                                                                       | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> |                        | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>                                                                            |                              | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                |      |                       |
|                                | 4                                                                                     |                                   |                                   |                        | 1                                                      | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1                                                | STATUS                  | TYPE                   | VALUE               | STATUS         | TYPE | RESULT SELECT UP TO 4 |
|                                |                                                                                       |                                   |                                   |                        |                                                        |                                                                                                            |                              |                                                  | 1                       | 1                      |                     | 1              | 1    |                       |

|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |
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| <b>INJURIES</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>SEATING POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>AIR BAG</b>                                                                                                                                | <b>OL CLASS</b>                                                                                                                                                                         | <b>OL RESTRICTION(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DRIVER DISTRACTION</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>TEST STATUS</b>                                                                                                                                           |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                                      | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                    | <b>EJECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               | <b>OL ENDORSEMENT</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CONDITION</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>ALCOHOL TEST TYPE</b>                                                                                                                                     |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |
| <b>SAFETY EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                    | <b>TRAPPED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | <b>GENDER</b>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DRUG TEST TYPE</b>                                                                                                                                        |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DRUG TEST RESULT(S)</b>                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | 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 |