

|   |   |  |  |  |  |   |   |   |   |   |   |   |   |
|---|---|--|--|--|--|---|---|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |   | LOCAL INFORMATION  |  |  |  |   |   |   |   |   |   |   |   |
|   |   | REPORTING AGENCY NAME*   |  | NCIC*  |  |   |   |   |   |   |   |   |   |
|   |   | Fairfield Police Department  |  | 00901  | HIT/SKIP   | NUMBER OF UNITS   | UNIT IN ERROR   |   |   |   |   |   |   |
| COUNTY*<br>09   |   | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |  |  | CRASH DATE/TIME*<br>09/27/2025 13:17  |   |   |   |   |   |   |   |
| REFERENCE<br>LOCATION   | ROUTE TYPE  | ROUTE NUMBER   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>Mack   | ROAD TYPE<br>RD  | LATITUDE<br>39.313387   |   |   |   |   |   |   |   |
|   | ROUTE TYPE  | ROUTE NUMBER   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Ross  | ROAD TYPE<br>RD  | LONGITUDE<br>-84.504357   |   |   |   |   |   |   |   |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |   | DIRECTION<br>FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY<br>ROUTE<br>TR - NUMBERED TOWNSHIP<br>ROUTE                      | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                             |   |   |   |   |   |   |   |   |
| DISTANCE<br>FROM REFERENCE  |   | DISTANCE<br>UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |  | NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |   |   |   |   |   |   |   |   |
| LOCATION OF FIRST HARMFUL EVENT<br><table border="1"> <tr><td>1</td><td>1 - ON ROADWAY<br/>2 - ON SHOULDER<br/>3 - IN MEDIAN<br/>4 - ON ROADSIDE<br/>5 - ON GORE<br/>6 - OUTSIDE TRAFFIC WAY<br/>7 - ON RAMP<br/>8 - OFF RAMP</td><td>9 - CROSSOVER<br/>10 - DRIVEWAY/ALLEY ACCESS<br/>11 - RAILWAY GRADE<br/>CROSSING<br/>12 - SHARED USE PATHS OR<br/>TRAILS<br/>13 - BIKE LANE<br/>14 - TOLL BOOTH<br/>99 - OTHER/UNKNOWN</td></tr> </table> |   |  | 1  | 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR<br>TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br><table border="1"> <tr><td>2</td><td>1 - NOT COLLISION<br/>BETWEEN<br/>TWO MOTOR<br/>VEHICLES IN<br/>TRANSPORT<br/>2 - REAR-END<br/>3 - HEAD-ON</td><td>4 - REAR-TO-REAR<br/>5 - BACKING<br/>6 - ANGLE<br/>7 - SIDESWIPE, SAME<br/>DIRECTION<br/>8 - SIDESWIPE, OPPOSITE<br/>DIRECTION<br/>9 - OTHER/UNKNOWN</td></tr> </table> |   |   | 2   | 1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>DIRECTION<br>9 - OTHER/UNKNOWN | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN<br>(< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>(ANY TYPE)<br>9 - OTHER/UNKNOWN |
| 1   | 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP            | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR<br>TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |  |  |  |   |   |   |   |   |   |   |   |
| 2   | 1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>DIRECTION<br>9 - OTHER/UNKNOWN                                  |  |  |  |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |   | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING<br>WORK<br>5 - OTHER                          | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>2   | CONDITIONS<br>1  | SURFACE<br>2  |   |   |   |   |   |   |   |
| LIGHT CONDITION<br><table border="1"> <tr><td>1</td><td>1 - DAYLIGHT<br/>2 - DAWN/DUSK<br/>3 - DARK - LIGHTED ROADWAY<br/>4 - DARK - ROADWAY NOT LIGHTED<br/>5 - DARK - UNKNOWN ROADWAY LIGHTING<br/>9 - OTHER/UNKNOWN</td></tr> </table>   |   | 1  | 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                      | WEATHER<br><table border="1"> <tr><td>1</td><td>1 - CLEAR<br/>2 - CLOUDY<br/>3 - FOG, SMOG, SMOKE<br/>4 - RAIN<br/>5 - SLEET, HAIL</td><td>6 - SNOW<br/>7 - SEVERE CROSSWINDS<br/>8 - BLOWING SAND, SOIL, DIRT, SNOW<br/>9 - FREEZING RAIN OR FREEZING<br/>DRIZZLE<br/>99 - OTHER/UNKNOWN</td></tr> </table>   | 1  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN | 1 - STRAIGHT<br>LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/<br>UNKNOWN | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER/<br>UNKNOWN |   |   |   |
| 1   | 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN |  |  |  |  |   |   |   |   |   |   |   |   |
| 1   | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN                                      |  |  |  |   |   |   |   |   |   |   |   |
| NARRATIVE<br>On 9/27/25 Unit 1 was traveling west on Mack Rd. and when at the intersection at Ross Rd. struck unit 2 which was stopped in traffic and unoccupied due to being involved in another crash just a few minutes prior.<br><br>Driver of Unit 1 stated he was not paying attention.   |   |  |  | DIAGRAM<br>  |  |   |   |   |   |   |   |   |   |
| CRASH REPORTED DATE/TIME<br>09/27/2025 13:17  |   | DISPATCH DATE/TIME<br>09/27/2025 13:17   |  | ARRIVAL DATE/TIME<br>09/27/2025 13:25  |  | SCENE CLEARED DATE/TIME<br>09/27/2025 13:40   |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST     |   |   |   |   |   |
| TOTAL TIME<br>ROADWAY CLOSED<br>0   | OTHER<br>INVESTIGATION TIME<br>0  | TOTAL<br>MINUTES<br>23   | OFFICER'S NAME*<br>Hauer, Jacob  |  | CHECKED BY OFFICER'S NAME*<br>Cresap, Lori   |   |   | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR<br>ADDITION TO AN EXISTING<br>REPORT SENT TO ODPD)      |   |   |   |   |   |
|   |   |  | OFFICER'S BADGE NUMBER*<br>137   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>87   |   |   |   |   |   |   |   |   |

IR25-005008

|        |   |   |
|--------|---|---|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |
| 1      | VICENTE VELASQUEZ, GREGORIO   |   |

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

871 LEDRO ST, CINCINNATI, OH 45246

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|          |                 |                          |              |              |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| OH       | KFN1388         | 1HGCR2F37HA153837        | 2017         | Honda        |

|  |                          |                    |       |               |
|--|--------------------------|--------------------|-------|---------------|
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY        | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
|  | INCLINE CASUALTY COMPANY | OHA2310TD60239     | Grey  | Accord        |

|  |  |  |   |  |
|--|--|--|---|--|
| TYPE OF USE  |  | US DOT #                                       | TOWED BY: COMPANY NAME                                      |  |
| <input type="checkbox"/> COMMERCIAL                | <input type="checkbox"/> GOVERNMENT    | <input type="checkbox"/> IN EMERGENCY RESPONSE |   |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS <input type="checkbox"/> 2         | VEHICLE WEIGHT GVWR/GCWR                                    | HAZARDOUS MATERIAL   |
|  |  |  | 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. | <input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |

|                                      |   |  |   |   |   |
|--------------------------------------|---|--|---|---|---|
| <input type="checkbox"/> 1 UNIT TYPE | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 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 | 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 |
| <input type="checkbox"/> 0           | # OF TRAILING UNITS   |  |   |   |   |

|                            |   |                            |  |  |             |
|----------------------------|---|----------------------------|--|--|-------------|
| <input type="checkbox"/> 2 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | <input type="checkbox"/> 0 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|                            | 1 - YES 2 - NO 9 - OTHER/UNKNOWN                              | AUTONOMOUS MODE LEVEL      |  |  |             |

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| <input type="checkbox"/> 1 SPECIAL FUNCTION | 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 | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|--|---|---|--|---|

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <input type="checkbox"/> 1 CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|--|--|---|---|--|---|

|  |  |  |  |  |                    |
|--|--|--|--|--|--------------------|
| <input type="checkbox"/> VEHICLE DEFECTS | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|--|--|--|--|--|--------------------|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <input type="checkbox"/> NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
|--|--|---|--|---|--|

|                                   |  |  |  |  |   |
|-----------------------------------|--|--|--|--|---|
| <input type="checkbox"/> 3 ACTION | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSED<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>12 - DRIVERLESS | 13 - NEGOTIATING A LANE<br>14 - ENTERING OR LANE<br>15 - WALKING, RUNNING,<br>STOPPED IN TRAFFIC<br>16 - WORKING | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING CROSSING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE JOGGING, PLAYING<br>22 - APPROACHING OR LEAVING VEHICLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER UNKNOWN |
|-----------------------------------|--|--|--|--|---|

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <input type="checkbox"/> 8 CONTRIBUTING CIRCUMSTANCES | 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<br>9 - IMPROPER LANE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>CLOSE/ACDA<br>POSITION<br>CHANGE<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>FROM A PARKED<br>DEFECTIVE POSITION<br>PARKED ILLEGALLY<br>SWERVING TO<br>AVOID<br>CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|---|---|---|---|--|---|

## SEQUENCE OF EVENTS

|                               |   |  |  |  |   |
|-------------------------------|---|--|--|--|---|
| EVENTS                        |   |  |  |  |   |
| 1 <input type="checkbox"/> 21 | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE ANIMAL - FARM MAINTENANCE EQUIPMENT         | 22 - WORK ZONE MAINTENANCE  |
| 2 <input type="checkbox"/>    | 4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT            | 8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT        | 12 - DOWNSHILL RUNAWAY<br>13 - OTHER NON-COLLISION | 17 - ANIMAL - DEER<br>18 - ANIMAL - OTHER<br>19 - ANIMAL - OTHER | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 <input type="checkbox"/>    | 10 - CROSS MEDIAN   | 14 - PEDESTRIAN<br>15 - PEDALCYCLE               | 21 - PARKED MOTOR VEHICLE                          | 24 - OTHER MOVABLE OBJECT  |   |

|                                      |  |  |   |  |  |
|--------------------------------------|--|--|---|--|--|
| COLLISION WITH FIXED OBJECT - STRUCK |  |  |   |  |  |
| 4 <input type="checkbox"/>           | 25 - IMPACT ATTENUATOR/ CRASH CUSHION                          | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE | 50 - WORK ZONE MAINTENANCE EQUIPMENT                                 |
| 5 <input type="checkbox"/>           | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT | 34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE<br>36 - MEDIAN OTHER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>42 - CULVERT            | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT           | 51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT |
| 6 <input type="checkbox"/>           | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 33 - GUARDRAIL BARRIER   | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE              | 50 - WORK ZONE MAINTENANCE EQUIPMENT                     | 99 - OTHER/UNKNOWN   |
| 1 <input type="checkbox"/>           | FIRST HARMFUL EVENT  | 1 MOST HARMFUL EVENT   | 10  | 1  | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |

|  |   |  |  |
|--|---|--|--|
| DAMAGE   |   |  |  |
| DAMAGE SCALE   |   |  |  |
| 2 <input type="checkbox"/>   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN               | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE  |  |
| DAMAGED AREA(S)<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 ] |   |  |  |
| INITIAL POINT OF CONTACT   |   |  |  |
| 1 <input type="checkbox"/>   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                      |  |
| TRAFFIC  |   |  |  |
| TRAFFICWAY FLOW <input type="checkbox"/> 2   | 1 - ONE-WAY<br>2 - TWO-WAY                                | TRAFFIC CONTROL <input type="checkbox"/> 2   | 1 - ROUNDABOUT<br>4 - STOP SIGN<br>2 - SIGNAL<br>5 - YIELD SIGN<br>3 - FLASHER<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD <input type="checkbox"/> 2  |   | RAIL GRADE CROSSING <input type="checkbox"/> 1                                       | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                |
| UNIT / NON-MOTORIST DIRECTION  |   |  |  |
| FROM <input type="checkbox"/> 3  | TO <input type="checkbox"/> 4                             | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |  |
| UNIT SPEED <input type="checkbox"/> 10   |   |  |  |
| DETECTED SPEED <input type="checkbox"/> 1  |   |  |  |
| POSTED SPEED <input type="checkbox"/> 35   |   |  |  |

IR25-005008

|             |  |  |
|-------------|--|--|
| UNIT #<br>2 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>BROWN, MARKEL JOSHUA | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|-------------|--|--|

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
3857 DUST COMMANDER 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>JHX3300 | VEHICLE IDENTIFICATION #<br>1VWCT7A38HC069189 | VEHICLE YEAR<br>2017 | VEHICLE MAKE<br>Volkswagen |
|----------------|----------------------------|---|----------------------|----------------------------|

|                       |  |                                  |                |                         |
|-----------------------|--|----------------------------------|----------------|-------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE | INSURANCE POLICY #<br>9722732287 | COLOR<br>Black | VEHICLE MODEL<br>Passat |
|-----------------------|--|----------------------------------|----------------|-------------------------|

|   |  |             |  |  |
|---|--|-------------|--|--|
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #    | TOWED BY: COMPANY NAME   |  |
| INTERLOCK<br>DEVICE EQUIPPED  |  | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  |
|   |  |             | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |  |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| 1<br>UNIT TYPE | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 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 | 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 |
| 0              | # OF TRAILING UNITS   |  |   |   |   |

|   |   |                       |  |  |             |
|---|---|-----------------------|--|--|-------------|
| 2 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0                     | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|   | 1 - YES<br>2 - NO<br>9 - OTHER/UNKNOWN                        | AUTONOMOUS MODE LEVEL |  |  |             |

|                       |  |   |   |  |   |
|-----------------------|--|---|---|--|---|
| 1<br>SPECIAL FUNCTION | 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 | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|-----------------------|--|---|---|--|---|

|                      |  |   |   |  |   |
|----------------------|--|---|---|--|---|
| 1<br>CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|----------------------|--|---|---|--|---|

|                      |  |  |  |  |                    |
|----------------------|--|--|--|--|--------------------|
| 1<br>VEHICLE DEFECTS | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|----------------------|--|--|--|--|--------------------|

|                                      |  |   |  |   |  |
|--------------------------------------|--|---|--|---|--|
| 1<br>NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
|--------------------------------------|--|---|--|---|--|

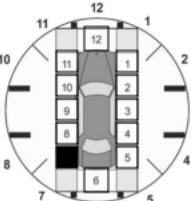
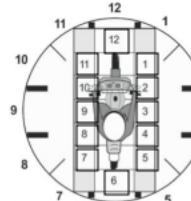
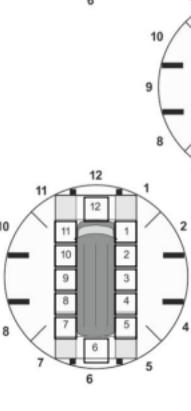
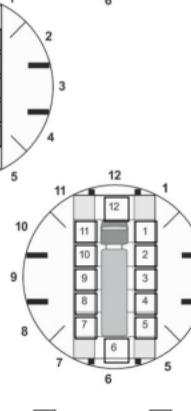
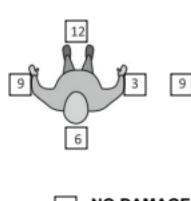
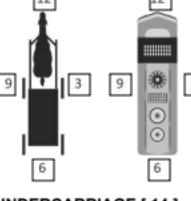
|             |  |  |  |   |   |   |
|-------------|--|--|--|---|---|---|
| 4<br>ACTION | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN | 10 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN<br>12 - MAKING U-TURN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A LANE<br>14 - ENTERING OR SPECIFIED LOCATION<br>15 - WALKING, RUNNING, STOPPED IN TRAFFIC<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE JOGGING, PLAYING<br>22 - OTHER/UNKNOWN |
|-------------|--|--|--|---|---|---|

|                                 |   |   |  |  |   |
|---------------------------------|---|---|--|--|---|
| 1<br>CONTRIBUTING CIRCUMSTANCES | 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 | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION FROM A PARKED POSITION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - SWERVING TO AVOID<br>20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|---------------------------------|---|---|--|--|---|

#### SEQUENCE OF EVENTS

|         |   |  |  |   |   |
|---------|---|--|--|---|---|
| 1<br>20 | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNSHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>21 - PARKED MOTOR VEHICLE<br>22 - OTHER MOVABLE OBJECT | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT |
|---------|---|--|--|---|---|

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 4 | 25 - IMPACT ATTENUATOR/ CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER                   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES SUPPORT | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - CULVERT | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |
| 5 | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>42 - CULVERT                    |  |  |
| 6 |  |  |   |  |  |
| 1 | FIRST HARMFUL EVENT  | 1 MOST HARMFUL EVENT   |   |  |  |

|   |   |   |  |
|---|---|---|--|
| DAMAGE  |   |   |  |
| DAMAGE SCALE  |   |   |  |
| 2   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN               | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |  |
| DAMAGED AREA(S)<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 ]  |   |   |  |
| INITIAL POINT OF CONTACT  |   |   |  |
| 7   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |  |
| TRAFFIC   |   |   |  |
| 2   | TRAFFIC FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |  |
| 2   | # OF THROUGH LANES ON ROAD                                | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |  |
| 3   | FROM 3  | TO 4  | UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |
| UNIT SPEED  |   | DETECTED SPEED  |  |
| 0   |   | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |  |
| 35  |   | POSTED SPEED  |  |



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR25-005008

|  |        |   |  |   |  |  |   |   |  |  |  |   |                                   |                 |                |
|--|--------|---|--|---|--|--|---|---|--|--|--|---|-----------------------------------|-----------------|----------------|
| MOTORIST / NON-MOTORIST  | UNIT # | NAME: LAST, FIRST, MIDDLE   |  |   |  |  |   | DATE OF BIRTH   |  |  | AGE  | GENDER  |                                   |                 |                |
|  | 1      | VICENTE VELASQUEZ, GREGORIO   |  |   |  |  |   | 06/16/1970  |  |  | 55   | M   |                                   |                 |                |
| ADDRESS: STREET, CITY, STATE, ZIP<br>871 LEDRO ST, CINCINNATI, OH 45246  |        |   |  |   |  |  |   |   |  |  |  |   | CONTACT PHONE - INCLUDE AREA CODE |                 |                |
| INJURIES<br>5  |        | INJURED TAKEN BY<br>[ ]   |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |   |   | SAFETY EQUIPMENT USED<br>4   | DOT-COMPLIANT MC HELMET<br>[ ]   |  | SEATING POSITION<br>1                                     | AIR BAG USAGE<br>1                | EJECTION<br>1   | TRAPPED<br>1   |
| OL STATE<br>OH   |        | OPERATOR LICENSE NUMBER   |  |   |  | OFFENSE CHARGED<br>333.03a   |   | LOCAL CODE<br>[ ]   | OFFENSE DESCRIPTION<br>ACDA  |  |  | CITATION NUMBER<br>2500218101                             |                                   |                 |                |
| OL CLASS<br>4  |        | ENDORSEMENT SELECT UP TO 2<br>[ ] [ ]   |  | RESTRICTION SELECT UP TO 3<br>[ ] [ ] [ ]   |  | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br>[ ] ALCOHOL [ ] MARIJUANA<br>[ ] OTHER DRUG   |   | CONDITION<br>1   | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE .  |  | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4     |                                   |                 |                |
| UNIT #   |        | NAME: LAST, FIRST, MIDDLE   |  |   |  |  |   | DATE OF BIRTH   |  |  | AGE  | GENDER  |                                   |                 |                |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |   |  |  |   |   |  |  |  |   | CONTACT PHONE - INCLUDE AREA CODE |                 |                |
| INJURIES<br>[ ]  |        | INJURED TAKEN BY<br>[ ]   |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |   |   | SAFETY EQUIPMENT USED<br>[ ]   | DOT-COMPLIANT MC HELMET<br>[ ]   |  | SEATING POSITION<br>[ ]                                   | AIR BAG USAGE<br>[ ]              | EJECTION<br>[ ] | TRAPPED<br>[ ] |
| OL STATE<br>[ ]  |        | OPERATOR LICENSE NUMBER   |  |   |  | OFFENSE CHARGED  |   | LOCAL CODE<br>[ ]   | OFFENSE DESCRIPTION  |  |  | CITATION NUMBER   |                                   |                 |                |
| OL CLASS<br>[ ]  |        | ENDORSEMENT SELECT UP TO 2<br>[ ] [ ]   |  | RESTRICTION SELECT UP TO 3<br>[ ] [ ] [ ]   |  | DRIVER DISTRACTED BY<br>[ ]  | ALCOHOL / DRUG SUSPECTED<br>[ ] ALCOHOL [ ] MARIJUANA<br>[ ] OTHER DRUG   |   | CONDITION<br>[ ]   | ALCOHOL TEST<br>STATUS [ ] TYPE [ ] VALUE .  |  | DRUG TEST(S)<br>STATUS [ ] TYPE [ ] RESULT SELECT UP TO 4 |                                   |                 |                |
| UNIT #   |        | NAME: LAST, FIRST, MIDDLE   |  |   |  |  |   | DATE OF BIRTH   |  |  | AGE  | GENDER  |                                   |                 |                |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |   |  |  |   |   |  |  |  |   | CONTACT PHONE - INCLUDE AREA CODE |                 |                |
| INJURIES<br>[ ]  |        | INJURED TAKEN BY<br>[ ]   |  | EMS AGENCY(NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |   |   | SAFETY EQUIPMENT USED<br>[ ]   | DOT-COMPLIANT MC HELMET<br>[ ]   |  | SEATING POSITION<br>[ ]                                   | AIR BAG USAGE<br>[ ]              | EJECTION<br>[ ] | TRAPPED<br>[ ] |
| OL STATE<br>[ ]  |        | OPERATOR LICENSE NUMBER   |  |   |  | OFFENSE CHARGED  |   | LOCAL CODE<br>[ ]   | OFFENSE DESCRIPTION  |  |  | CITATION NUMBER   |                                   |                 |                |
| OL CLASS<br>[ ]  |        | ENDORSEMENT SELECT UP TO 2<br>[ ] [ ]   |  | RESTRICTION SELECT UP TO 3<br>[ ] [ ] [ ]   |  | DRIVER DISTRACTED BY<br>[ ]  | ALCOHOL / DRUG SUSPECTED<br>[ ] ALCOHOL [ ] MARIJUANA<br>[ ] OTHER DRUG   |   | CONDITION<br>[ ]   | ALCOHOL TEST<br>STATUS [ ] TYPE [ ] VALUE .  |  | DRUG TEST(S)<br>STATUS [ ] TYPE [ ] RESULT SELECT UP TO 4 |                                   |                 |                |
| INJURIES   |        | SEATING POSITION  |  | AIR BAG   |  | OL CLASS   | OL RESTRICTION(S)   |   | DRIVER DISTRACTION   |  | TEST STATUS  |   |                                   |                 |                |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |        | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |   | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |   |                                   |                 |                |
| INJURED TAKEN BY   |        | OL ENDORSEMENT  |  | TRAPPED   |  | GENDER   |   | CONDITION   |  | ALCOHOL TEST TYPE  |  |   |                                   |                 |                |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        | 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 - 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 - BREATH<br>5 - OTHER  |  |   |                                   |                 |                |
| SAFETY EQUIPMENT   |        | EJECTION  |  | TRAPPED   |  | GENDER   |   | CONDITION   |  | DRUG TEST TYPE   |  |   |                                   |                 |                |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |        | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  | 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  |  |   |                                   |                 |                |
| INJURED TAKEN BY   |        | OL ENDORSEMENT  |  | TRAPPED   |  | GENDER   |   | CONDITION   |  | DRUG TEST RESULT(S)  |  |   |                                   |                 |                |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        | 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 - 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 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |  |   |                                   |                 |                |



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR25-005008

| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|---|---|---|--|---|---|--|--|-------------------------|----------------------|-----------------|----------------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|------------------|--|--|-------------------------|--|--|------------------|---|---------|--|-----------------|--------------------|------------|--|---|-------------------|---------------------|--|--------------------------|-----------------------------------|--------|--|---|--|------------|--|----------------------|---|----------|--|--|--------------------|---------------------|--|--|---|--|--|--|-------------------|--|--|--|----------------------|
|   | 1   | AGUSTIN, GUILLERMINA MENDOZA                  |  |   |   | 01/10/1980                                       |  | 45                      | F                    |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>881 LEDRO ST, SPRINGDALE, OH 45246   |   |   |  |   | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES<br>5   |   | INJURED TAKEN BY<br>[ ]                       | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3                            | AIR BAG USAGE<br>1      | EJECTION<br>1        | TRAPPED<br>1    |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES<br>[ ]   |   | INJURED TAKEN BY<br>[ ]                       | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>[ ]                    | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>[ ]                          | AIR BAG USAGE<br>[ ]    | EJECTION<br>[ ]      | TRAPPED<br>[ ]  |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES<br>[ ]   |   | INJURED TAKEN BY<br>[ ]                       | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>[ ]                    | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>[ ]                          | AIR BAG USAGE<br>[ ]    | EJECTION<br>[ ]      | TRAPPED<br>[ ]  |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES<br>[ ]   |   |   | INJURED TAKEN BY<br>[ ]  | EMS AGENCY (NAME)                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>[ ]                     | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>[ ] | AIR BAG USAGE<br>[ ] | EJECTION<br>[ ] | TRAPPED<br>[ ] |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> </tr> <tr> <td colspan="2">1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> </tr> <tr> <td colspan="2">2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> </tr> <tr> <td colspan="2">3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> </tr> <tr> <td colspan="2">9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> </tr> <tr> <td colspan="2">GENDER</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> </tr> <tr> <td colspan="2">F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> </tr> <tr> <td colspan="2">M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> </tr> <tr> <td colspan="2">U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15 - NON-MOTORIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>99 - OTHER / UNKNOWN</td> </tr> </tbody> </table> |   |   |  |   |   |  |  |                         |                      |                 | INJURY         | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | INJURED TAKEN BY |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - EMS |  | 8 - HELMET USED | 8 - THIRD - MIDDLE | 3 - POLICE |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 9 - OTHER / UNKNOWN |  | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | GENDER |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | F - FEMALE |  | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | M - MALE |  |  | 13 - TRAILING UNIT | U - OTHER / UNKNOWN |  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |  |  | 15 - NON-MOTORIST |  |  |  | 99 - OTHER / UNKNOWN |
| INJURY  | SAFETY EQUIPMENT USED                       | SEATING POSITION                              | AIR BAG USAGE  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 1 - FATAL   | 1 - NONE USED - VEHICLE OCCUPANT            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)     | 1 - NOT DEPLOYED   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 2 - SUSPECTED SERIOUS INJURY  | 2 - SHOULDER BELT ONLY USED                 | 2 - FRONT - MIDDLE                            | 2 - DEPLOYED FRONT   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 3 - SUSPECTED MINOR INJURY  | 3 - LAP BELT ONLY USED                      | 3 - FRONT - RIGHT SIDE                        | 3 - DEPLOYED SIDE  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 4 - POSSIBLE INJURY   | 4 - SHOULDER & LAP BELT USED                | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 5 - NO APPARENT INJURY  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE                           | 5 - NOT APPLICABLE   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURED TAKEN BY  |   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  |   | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 2 - EMS   |   | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 3 - POLICE  |   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 9 - OTHER / UNKNOWN   |   | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| GENDER  |   | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| F - FEMALE  |   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| M - MALE  |   |   | 13 - TRAILING UNIT   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| U - OTHER / UNKNOWN   |   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 15 - NON-MOTORIST  |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 99 - OTHER / UNKNOWN   |   |   |  |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                                    |  | AGE                     | GENDER               |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                         |                      |                 |                |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |