

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                           | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                      | IR25-005026                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                   |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                           | NCIC*<br>00901                                                                                                                                                                                                                                                                                                 |                                                                                                      | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                               | NUMBER OF UNITS<br>3                                                                                                                            |                                                                                                                                   |
| UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                     | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                      | CRASH DATE/TIME*<br>09/28/2025 12:15                                                                                                                                 |                                                                                                                                                 |                                                                                                                                   |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROUTE NUMBER<br>4                                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | LOCATION ROAD NAME                                                                                                                                                                                                                                                                                             |                                                                                                      | LATITUDE<br>39.306583                                                                                                                                                |                                                                                                                                                 |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Woodridge                                                                                                                                                                                                                                                     |                                                                                                      | LONGITUDE<br>-84.486672                                                                                                                                              |                                                                                                                                                 |                                                                                                                                   |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                      | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4 |                                                                                                                                                 |                                                                                                                                   |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
| LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                             |                                                                            | MANNER OF CRASH COLLISION/IMPACT<br>3 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
| MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                           | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                    |                                                                                                      | CONTOUR<br>1                                                                                                                                                         | CONDITIONS<br>1                                                                                                                                 | SURFACE<br>2                                                                                                                      |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | WEATHER<br>1 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                                                                                                                                                                                                                                                                                | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                      | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| NARRATIVE<br>On 9/28/25 at 12:15 PM, Unit 1 was traveling south on SR 4 at an apparent high rate of speed, when at Woodridge Blvd. ran the red light, veered left of center and struck Unit 2 who was in the northbound left turn lane stopped in traffic. Unit 2 was pushed across all three northbound lanes and came to rest off the right side of the roadway. Unit 1 also struck Unit 3 who was stopped in traffic behind Unit 2.<br><br>The driver of Unit 1 was arrested for OVI 333.01A1A. He was also cited for:<br>335.01A1 Drivers license required<br>313.01 Obedience to traffic control devices<br>529.07B4 Open container<br>333.01A1H OVI Breath above .17% |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                | DIAGRAM<br>                                                                                          |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>09/28/2025 12:15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | DISPATCH DATE/TIME<br>09/28/2025 12:15                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                | ARRIVAL DATE/TIME<br>09/28/2025 12:33                                                                |                                                                                                                                                                      | SCENE CLEARED DATE/TIME<br>09/28/2025 13:26                                                                                                     |                                                                                                                                   |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | OTHER INVESTIGATION TIME<br>0                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | TOTAL MINUTES<br>71                                                                                  |                                                                                                                                                                      | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                  |                                                                                                                                   |
| OFFICER'S NAME*<br>Hauer, Jacob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | CHECKED BY OFFICER'S NAME*<br>Moore, Craig                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                | OFFICER'S BADGE NUMBER*<br>137                                                                       |                                                                                                                                                                      | CHECKED BY OFFICER'S BADGE NUMBER*<br>136                                                                                                       |                                                                                                                                   |
| SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                      |                                                                                                                                                 |                                                                                                                                   |

|                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( ■ SAME AS DRIVER)<br>GAMAS-MENDOZA, DAVID EDUARDO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER PHONE: INCLUDE AREA CODE ■ SAME AS DRIVER                                                                                                                                    |                                                                                                                                                                      |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ■ SAME AS DRIVER)<br>5328 CAMELOT DRIVE UNIT H, FAIRFIELD, OH 45014                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                      |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                      |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                        |                                                                                                                                                                      |
| LP STATE<br>OH                                                                                                                           | LICENSE PLATE #<br>KOR1222                                                          | VEHICLE IDENTIFICATION #<br>1N4AL2AP1AC114095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE YEAR<br>2010                                                                                                                                                               | VEHICLE MAKE<br>Nissan                                                                                                                                               |
| <input type="checkbox"/> INSURANCE<br>VERIFIED                                                                                           | INSURANCE COMPANY                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE POLICY #                                                                                                                                                                 | COLOR<br>Black                                                                                                                                                       |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE |                                                                                     | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                                                               |                                                                                                                                                                      |
| <input type="checkbox"/> INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                          |                                                                                     | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br>RELEASED <input type="checkbox"/> PLACARD                                                                               |                                                                                                                                                                      |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0    |                                                                                     | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLASS # PLACARD ID #                                                                                                                                                               |                                                                                                                                                                      |
| # OF TRAILING UNITS<br>0                                                                                                                 |                                                                                     | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                      |
| SPECIAL<br>FUNCTION<br>1                                                                                                                 |                                                                                     | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/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<br>EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                                                                                                                                                                      |
| CARGO<br>BODY<br>TYPE<br>1                                                                                                               |                                                                                     | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>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<br>DEFECTS<br>1                                                                                                                  |                                                                                     | 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<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                      |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1                                                                                               |                                                                                     | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK<br>3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS<br>12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                      |
| ACTION<br>3                                                                                                                              |                                                                                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRUCK<br>7 - STRUCK<br>8 - STRUCK<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC<br>LANE<br>9 - LEAVING TRAFFIC<br>LANE<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A<br>CURVE<br>14 - ENTERING OR<br>CROSSING<br>SPECIFIED LOCATION<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                                                                                                    |                                                                                                                                                                      |
| CONTRIBUTING<br>CIRCUMSTANCES<br>3                                                                                                       |                                                                                     | 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<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING<br>21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                      |
| SEQUENCE OF EVENTS                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                      |
| EVENTS                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                      |
| 1                                                                                                                                        | 11                                                                                  | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                                  | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE           |
| 2                                                                                                                                        | 20                                                                                  | 22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                                                                                                                                                                      |
| 3                                                                                                                                        |                                                                                     | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                                                                                                                      |
| 4                                                                                                                                        |                                                                                     | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT |
| 5                                                                                                                                        |                                                                                     | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                      |
| 6                                                                                                                                        |                                                                                     | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                      |
| FIRST HARMFUL EVENT<br>2                                                                                                                 |                                                                                     | MOST HARMFUL EVENT<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                      |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER*<br>IR25-005026                                                                                                                                                                                                    |                                                                                                  |
| DAMAGE                                                                                                                                                                                                                                 |                                                                                                  |
| DAMAGE SCALE                                                                                                                                                                                                                           |                                                                                                  |
| 4                                                                                                                                                                                                                                      |                                                                                                  |
| 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                           |                                                                                                  |
| 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                                                                                                                                                                                                               |                                                                                                  |
| 12                                                                                                                                                                                                                                     |                                                                                                  |
| 0 - NO DAMAGE<br>1-12 - REFER TO UNIT<br>DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                                                        |                                                                                                  |
| TRAFFIC                                                                                                                                                                                                                                |                                                                                                  |
| TRAFFICWAY FLOW                                                                                                                                                                                                                        | TRAFFIC CONTROL                                                                                  |
| 1                                                                                                                                                                                                                                      | 2                                                                                                |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                             | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES<br>ON ROAD                                                                                                                                                                                                          | RAIL GRADE CROSSING                                                                              |
| 5                                                                                                                                                                                                                                      | 1                                                                                                |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                          |                                                                                                  |
| FROM 1 TO 2                                                                                                                                                                                                                            |                                                                                                  |
| UNIT SPEED                                                                                                                                                                                                                             | DETECTED SPEED                                                                                   |
| 65                                                                                                                                                                                                                                     | 1                                                                                                |
| POSTED SPEED                                                                                                                                                                                                                           | 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                          |
| 50                                                                                                                                                                                                                                     |                                                                                                  |

|                                                                                                                                                       |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| UNIT #<br>2                                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER)<br>LENHOF, JACOB CHRISTOPHER |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER                                                                    |                                                                                                                                                                                                                                                                                                                |  |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER)<br>1144 PANTHER CT, CINCINNATI, OH 45205                                                  |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                   |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                          |                                                                                                                                                                                                                                                                                                                |  |  |
| LP STATE<br>OH                                                                                                                                        | LICENSE PLATE #<br>KMD6490                                                       | VEHICLE IDENTIFICATION #<br>3FA6P0HD2FR225385                                                                                                                                          |                                                                                                                                                                    |                                                                                                                               | VEHICLE YEAR<br>2015                                                                                                 | VEHICLE MAKE<br>Ford                                                                                                                                                                                                                                                                                           |  |  |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                           | INSURANCE COMPANY                                                                |                                                                                                                                                                                        | INSURANCE POLICY #                                                                                                                                                 |                                                                                                                               | COLOR<br>Gold                                                                                                        | VEHICLE MODEL<br>Fusion                                                                                                                                                                                                                                                                                        |  |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                |                                                                                  | US DOT #                                                                                                                                                                               |                                                                                                                                                                    | TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                          |                                                                                                                      |                                                                                                                                                                                                                                                                                                                |  |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                             |                                                                                  | # OCCUPANTS<br>1                                                                                                                                                                       | 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. |                                                                                                                               | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # 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>0 - # OF TRAILING UNITS |                                                                                  | 2 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<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<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          |  |  |
| 2 - WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                 |                                                                                  | 0 - AUTONOMOUS MODE LEVEL                                                                                                                                                              |                                                                                                                                                                    | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                                          |                                                                                                                      | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                        |  |  |
| 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 AMBULANCE                                                                                        |                                                                                                                                                                    | 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<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                          |  |  |
| 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<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                          |  |  |
| <input type="checkbox"/> VEHICLE DEFECTS<br>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<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                   |  |  |
| <input type="checkbox"/> 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                                                                                        |                                                                                                                                                                    | 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<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                          |  |  |
| 4 - ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN                   |                                                                                  | 11 - PRE-CRASHES & ACTIONS<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN |                                                                                                                                                                    | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS |                                                                                                                      | 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 |  |  |
| 1 - 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                                |                                                                                                                                                                    | 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<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                                                                                                                                                |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                |  |  |
| 1                                                                                                                                                     | 20                                                                               | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                                   |                                                                                                                                                                    | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN      |                                                                                                                      | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                                                                                                                                                                  |  |  |
| 2                                                                                                                                                     |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE                                                                                                                                                        |  |  |
| 3                                                                                                                                                     |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      | 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                                                                                                                  |                                                                                  |                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                |  |  |
| 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 POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE OR SUPPORT<br>42 - CULVERT                                                                                                                                                                             |  |  |
| 5                                                                                                                                                     |                                                                                  | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT                                                                                                                         |                                                                                                                                                                    | 34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER                                    |                                                                                                                      | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT                                                                                                                                                                                                     |  |  |
| 6                                                                                                                                                     |                                                                                  | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE                                                                                                                         |                                                                                                                                                                    |                                                                                                                               |                                                                                                                      | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                                                                                                                                                                             |  |  |
| 1                                                                                                                                                     |                                                                                  | FIRST HARMFUL EVENT                                                                                                                                                                    |                                                                                                                                                                    | 1                                                                                                                             | MOST HARMFUL EVENT                                                                                                   |                                                                                                                                                                                                                                                                                                                |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE<br/>2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE<br/>4 - DISABLING DAMAGE </div> </div> <div style="text-align: center; margin-top: 5px;"> 9 - UNKNOWN </div>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                   |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;"> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> </div> <div style="margin-top: 10px;"> <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 ] </div>                                                                      |                                                                                                                                                                                                                                                                   |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE<br/>1-12 - REFER TO UNIT DIAGRAM<br/>13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE<br/>15 - VEHICLE NOT AT SCENE<br/>99 - UNKNOWN </div> </div>                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                   |
| <b>TRAFFICWAY FLOW</b><br><div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="2"/> 1 - ONE-WAY<br/>2 - TWO-WAY </div>                                                                                                                                                                                                                                                                                                                                          | <b>TRAFFIC CONTROL</b><br><div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="2"/> 1 - ROUNDABOUT<br/>2 - SIGNAL<br/>3 - FLASHER<br/>4 - STOP SIGN<br/>5 - YIELD SIGN<br/>6 - NO CONTROL </div> |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="5"/> </div>                                                                                                                                                                                                                                                                                                                                                           | <b>RAIL GRADE CROSSING</b><br><div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="1"/> 1 - NOT INVOLVED<br/>2 - INVOLVED-ACTIVE CROSSING<br/>3 - INVOLVED-PASSIVE CROSSING </div>               |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"> FROM <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="2"/> TO <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="1"/> </div> <div style="margin-top: 10px;"> 1 - NORTH    5 - NORTHEAST<br/> 2 - SOUTH    6 - NORTHWEST<br/> 3 - EAST    7 - SOUTHEAST<br/> 4 - WEST    8 - SOUTHWEST<br/> 9 - OTHER/UNKNOWN </div> |                                                                                                                                                                                                                                                                   |
| <b>UNIT SPEED</b><br><div style="margin-top: 10px;"> <input style="width: 100px; height: 30px; border: 1px solid black;" type="text" value="0"/> </div>                                                                                                                                                                                                                                                                                                                                                                          | <b>DETECTED SPEED</b><br><div style="margin-top: 10px;"> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text" value="1"/> 1 - STATED/ESTIMATED SPEED<br/>2 - CALCULATED/EDR<br/>3 - UNDETERMINED </div>                                 |
| <b>POSTED SPEED</b><br><div style="margin-top: 10px;"> <input style="width: 100px; height: 30px; border: 1px solid black;" type="text" value="50"/> </div>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                   |

IR25-005026

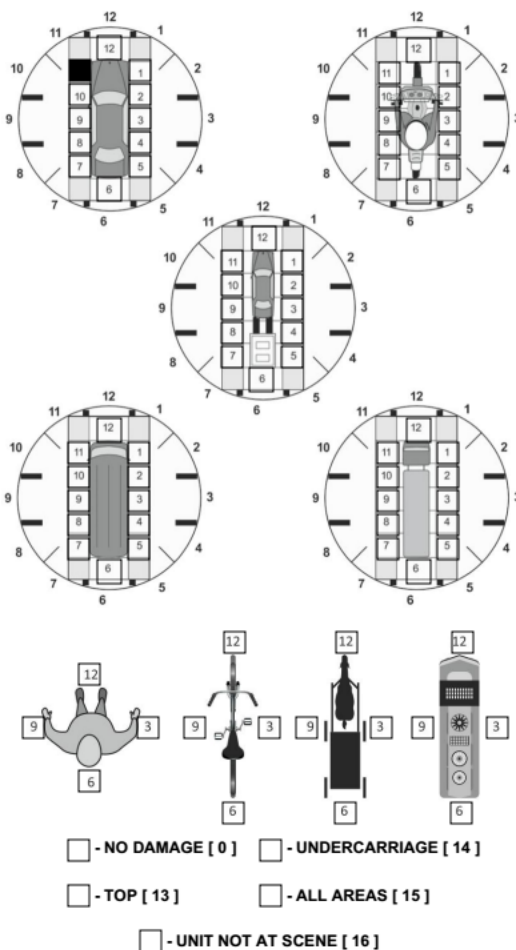
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>LUCKOW, KIMBERLEY | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                         |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>5113 CONCORD HILLS CIR, MASON, OH 45040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                                |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                    |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JCM5500                                                                       | VEHICLE IDENTIFICATION #<br>JM1GL1VM2L1514955                                                                                  |
| VEHICLE YEAR<br>2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  | VEHICLE MAKE<br>Mazda                                                                                                          |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                       | INSURANCE POLICY #<br>996945068                                                                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | US DOT #                                                                                                                       |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | HIT/SKIP UNIT <input type="checkbox"/>                                                                                         |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                        |
| TOWED BY: COMPANY NAME<br>WAYNES TOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                 |                                                                                                  |                                                                                                                                |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                                |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                                                |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                                                                |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                                |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                                |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                                                                |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - STRAIGHT AHEAD<br>11 - CHANGING LANES<br>12 - OVERTAKING/ PASSING<br>13 - ENTERING TRAFFIC LANE<br>14 - LEAVING TRAFFIC LANE<br>15 - PARKED<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - DRIVERLESS<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                      |                                                                                                  |                                                                                                                                |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                  |                                                                                                                                |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                     |                                                                                                  |                                                                                                                                |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                  |                                                                                                                                |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                                |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                                |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

5

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

50

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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                              | SAFETY EQUIPMENT USED    | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE        | EJECTION | TRAPPED  |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>           1 - FATAL<br/>           2 - SUSPECTED SERIOUS INJURY<br/>           3 - SUSPECTED MINOR INJURY<br/>           4 - POSSIBLE INJURY<br/>           5 - NO APPARENT INJURY         </td> <td>           1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br/>           2 - FRONT - MIDDLE<br/>           3 - FRONT - RIGHT SIDE<br/>           4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br/>           5 - SECOND - MIDDLE<br/>           6 - SECOND - RIGHT SIDE<br/>           7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br/>           8 - THIRD - MIDDLE<br/>           9 - THIRD - RIGHT<br/>           10 - SLEEPER SECTION OF TRUCK CAB<br/>           11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br/>           12 - 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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         </td> <td>           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         </td> <td>           1 - NONE GIVEN<br/>           2 - 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                                                                              | 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                                   |                          |                         |                  |                      |          |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       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| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                              |                          |                         |                  |                      |          |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         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| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                              |                          |                         |                  |                      |          |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         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COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                          |                         |                  |                      |          |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 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