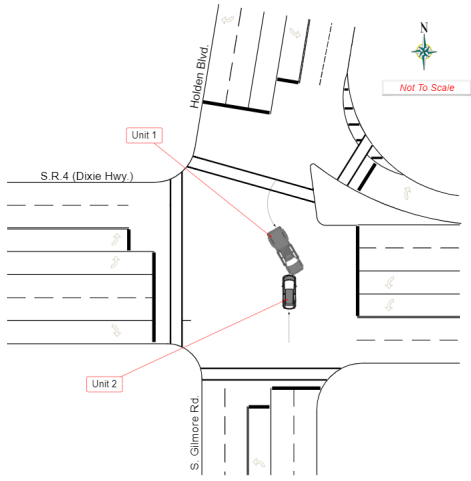


TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-3 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION		IR25-005413			
REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 00901		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2		
UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN								
COUNTY* 09	LOCALITY* 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 10/17/2025 18:59		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Dixie	ROAD TYPE HW	LATITUDE 39.332638			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) South Gilmore	ROAD TYPE RD	LONGITUDE -84.521647			
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY ☐ ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN			MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK, STONE 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN				
NARRATIVE On October 17, 2025, at about 6:59 pm Unit 1 was traveling south on Holden Blvd at approximately 15 m.p.h. and when at Dixie Hwy attempted to turn left to travel east and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling north on South Gilmore Road.				DIAGRAM 				
CRASH REPORTED DATE/TIME 10/17/2025 18:59		DISPATCH DATE/TIME 10/17/2025 19:00		ARRIVAL DATE/TIME 10/17/2025 19:02		SCENE CLEARED DATE/TIME 10/17/2025 19:25		REPORT TAKEN BY ☐ POLICE AGENCY ☐ MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 25	OFFICER'S NAME* Roberts, Camron		CHECKED BY OFFICER'S NAME* Fleenor, Ryan			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
			OFFICER'S BADGE NUMBER* 182		CHECKED BY OFFICER'S BADGE NUMBER* 117			

IR25-005413

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) RIVERA ESTRADA, VICTOR N		OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 6610 GLENDALE RD, LOUISVILLE, KY 40291				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE KY	LICENSE PLATE # AVX806	VEHICLE IDENTIFICATION # 3C63RRHL8LG223786	VEHICLE YEAR 2020	VEHICLE MAKE Dodge
☒ INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 4635710D1117	COLOR Red	VEHICLE MODEL Ram
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 6	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD ☐	
VEHICLE WEIGHT GVWR/GCWR ☐ 1 - <= 10K LBS. ☐ 2 - 10,001 - 26K LBS. ☐ 3 - >= 26K LBS.				
UNIT TYPE 4 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - 2-WHEELED 8 - 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS 0				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
SPECIAL FUNCTION 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN				
CARGO BODY TYPE 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN				
VEHICLE DEFECTS ☐ 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN				
NON-MOTORIST LOCATION AT IMPACT ☐ 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN				
ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASHES & STRUCK ACTIONS 9 - OTHER/UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STRANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN				
CONTRIBUTING CIRCUMSTANCES 2 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
SEQUENCE OF EVENTS 1 20 1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
COLLISION WITH FIXED OBJECT - STRUCK 4 25 - IMPACT ATTENUATOR/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN				
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1				

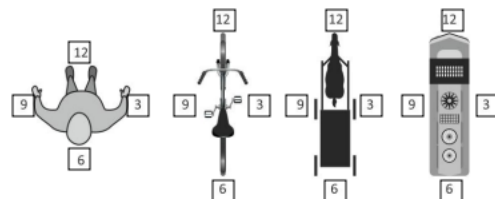
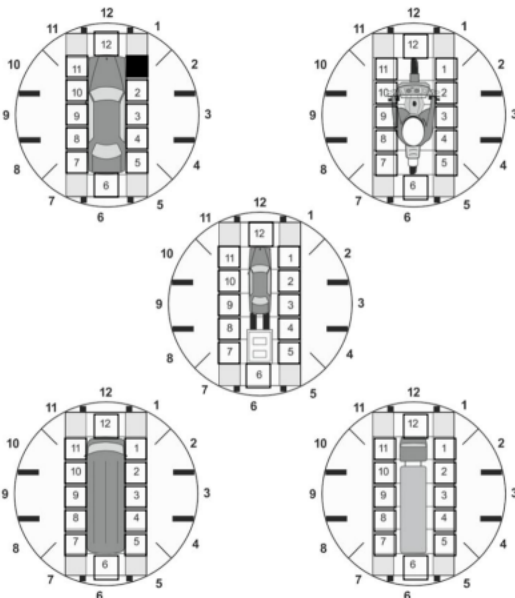
DAMAGE

DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]
☐ - TOP [13] ☐ - ALL AREAS [15]
☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW

2
1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

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

OF THROUGH LANES ON ROAD

4

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

15

DETECTED SPEED

1

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

POSTED SPEED

35

IR25-005413

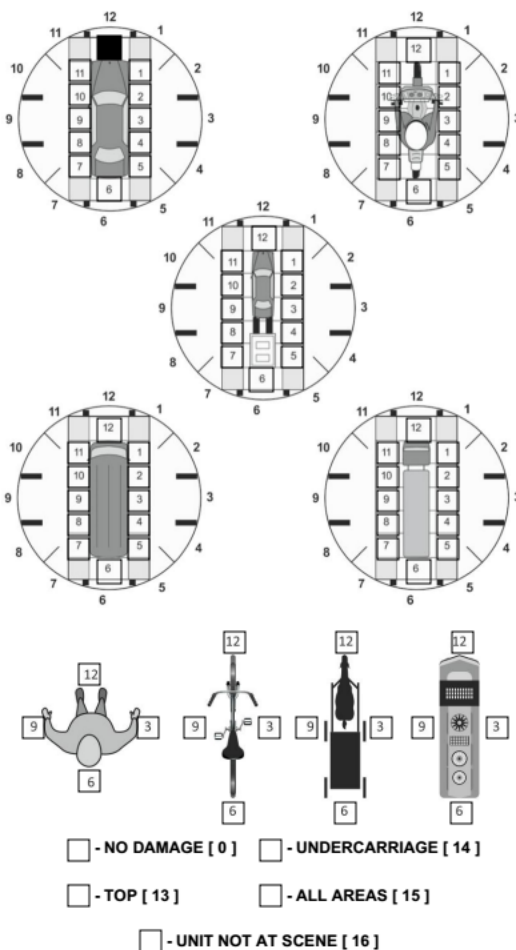
UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) GURUNG, RUPESH	OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 4046 BENNETT DR, FAIRFIELD TWP, OH 45011		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # HWJ6859	VEHICLE IDENTIFICATION # 1HGCT1B70HA006604
VEHICLE YEAR 2017		VEHICLE MAKE Honda
INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 3472191SFP35
COLOR White		VEHICLE MODEL Accord
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
US DOT #		
HAZARDOUS MATERIAL ☐ MATERIAL CLASS # ☐ PLACARD ID #		
TOWED BY: COMPANY NAME FOX TOWING		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT ☐		
# OCCUPANTS 1		
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - MOTORCYCLE 7 - 2-WHEELED 8 - 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
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FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 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

4

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

35

DETECTED SPEED

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

POSTED SPEED

35

										LOCAL REPORT NUMBER*																																				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER																																			
	1	RIVERA ESTRADA, VICTOR N				02/25/1984				41	M																																			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																								
	6610 GLENDALE RD, LOUISVILLE, KY 40291																																													
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																		
5						4	☐	1	1	1	1																																			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																				
KY				331.17a			Right of Way When Turning Left			2500233251																																				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)																																				
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4																																	
								1	1	.	1	1																																		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER																																			
	2	GURUNG, RESHIKA				08/30/2005				20	F																																			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																								
	4046 BENNETT DR, FAIRFIELD, OH 45014																																													
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																		
3	2	CITY OF FAIRFIELD FIRE		MERCY FAIRFIELD HOSPITAL, FAIRFIELD		4	☐	1	2	1	1																																			
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																				
OH																																														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)																																				
4				1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4																																	
								1	1	.	1	1																																		
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LOCAL REPORT NUMBER*

IR25-005413

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																	
	1	RIVERA, JASMINE				12/16/2011		13	F																	
	ADDRESS: STREET, CITY, STATE, ZIP 6610 GLENDALE RD, LOUISVILLE, KY 40291					CONTACT PHONE - INCLUDE AREA CODE																				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																
	5				4		2	1	1	1																
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																	
	1	ESCOBAR CARRILLO, MARTHA				01/19/1986		39	F																	
	ADDRESS: STREET, CITY, STATE, ZIP 6610 GLENDALE RD, LOUISVILLE, KY 40291					CONTACT PHONE - INCLUDE AREA CODE																				
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																	
	1	MARQUEZ, JUAN				05/06/1978		47	M																	
	ADDRESS: STREET, CITY, STATE, ZIP 204 RAMBLEWOOD DR, FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE																				
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	1	RIVERA, DIEGO				08/12/2008		17	M																	
	ADDRESS: STREET, CITY, STATE, ZIP 6610 GLENDALE RD, LOUISVILLE, KY 40291					CONTACT PHONE - INCLUDE AREA CODE																				
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LOCAL REPORT NUMBER*

IR25-005413

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																									
	1	RIVERA, JULIYANA				08/21/2007		18	F																									
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																												
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