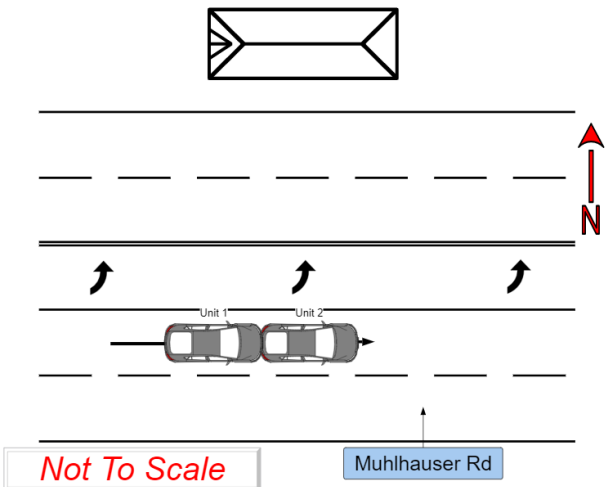


|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                         |                                                           | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                                                | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER |                                                                                                                                                                                                                                                                              | LOCAL INFORMATION                          |                                                                                                                                                                                                                                                                                                                | IR25-005644                                 |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                              | NCIC*<br>00901                             |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br>2 | NUMBER OF UNITS<br>2                                                                                                                                                                              | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN |                                                                                                                                                                                                                      |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                             | LOCALITY*<br>1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                              |                                            | CRASH DATE/TIME*<br>10/30/2025 05:45                                                                                                                                                                                                                                                                           |                                             | CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                 |                                                   |                                                                                                                                                                                                                      |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                | ROUTE NUMBER                                              | PREFIX<br><input type="checkbox"/>                                                                                                                                          | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                  | LOCATION ROAD NAME<br>Muhlhauser                                                                                                                                                                                                                                             |                                            | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LATITUDE<br>39.316388                       |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                | ROUTE NUMBER                                              | PREFIX<br><input type="checkbox"/>                                                                                                                                          | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>4356                                                                                                                                                                                                                        |                                            | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LONGITUDE<br>-84.479723                     |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                  |                                                           | DIRECTION FROM REFERENCE<br><input type="checkbox"/><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                                   |                                                   |                                                                                                                                                                                                                      |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/><br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                  |                                                                 |                                                                                                                                                                                                                                                                              |                                            | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN                                        |                                                           |                                                                                                                                                                             |                                                                 | MANNER OF CRASH COLLISION/IMPACT<br>2<br>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><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                 |                                                   | MEDIAN TYPE<br><input type="checkbox"/><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><input type="checkbox"/><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><input type="checkbox"/><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<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                           |                                             | CONDITIONS<br>2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                |                                                   | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK, STONE<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                                             |  |
| LIGHT CONDITION<br>3<br>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>4<br>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                                     |                                            |                                                                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| NARRATIVE<br>On 10/30/2025 at about 5:45am Unit #2 was slowing in traffic when Unit #1 failed to slow in traffic, striking Unit #2. Unit #1 left the scene without notifying law enforcement or leaving proper identification.<br><br>Unit #2 stated a Hispanic male and female approached her from Unit #1, stated everything was OK and then left the area. It is unknown which individual was driving. |                                                           |                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                              |                                            | DIAGRAM<br>                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
| CRASH REPORTED DATE/TIME<br>10/30/2025 05:45                                                                                                                                                                                                                                                                                                                                                              |                                                           | DISPATCH DATE/TIME<br>10/30/2025 05:46                                                                                                                                      |                                                                 | ARRIVAL DATE/TIME<br>10/30/2025 05:54                                                                                                                                                                                                                                        |                                            | SCENE CLEARED DATE/TIME<br>10/30/2025 06:17                                                                                                                                                                                                                                                                    |                                             | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                                                   |                                                                                                                                                                                                                      |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                            | OTHER INVESTIGATION TIME<br>0                             | TOTAL MINUTES<br>31                                                                                                                                                         | OFFICER'S NAME*<br>Major, Michael                               |                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S NAME*<br>Meyer, Aaron |                                                                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                                                                                             | OFFICER'S BADGE NUMBER*<br>162                                  |                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S BADGE NUMBER*<br>132  |                                                                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                      |  |

IR25-005644

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                          | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                             |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                        |
| LP STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LICENSE PLATE #                                                                                                                                      | VEHICLE IDENTIFICATION #                                                                                                                                                                                                                                                                                                                                                                                                           |
| VEHICLE YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE MAKE                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSURANCE COMPANY                                                                                                                                    | INSURANCE POLICY #                                                                                                                                                                                                                                                                                                                                                                                                                 |
| COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE MODEL                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                               |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HIT/SKIP UNIT <input checked="" type="checkbox"/>                                                                                                    | # OCCUPANTS<br>2                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7 - 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<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>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<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<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<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<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<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

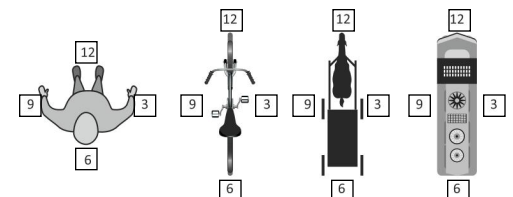
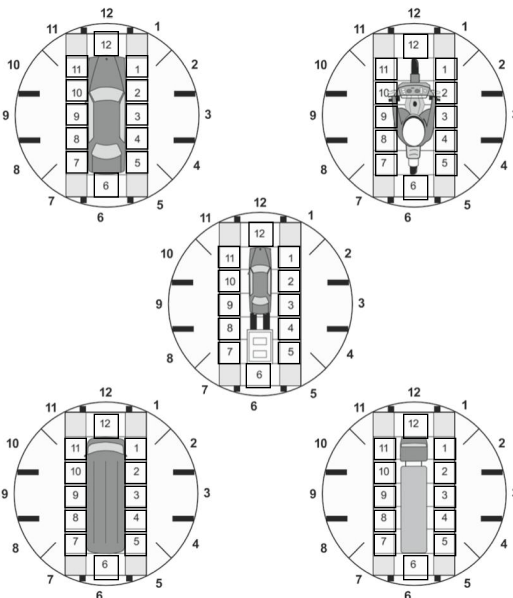
|   |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
|---|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 20 | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                       | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD 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  | 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 |
| 2 |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 3 |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 4 |    | 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 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 | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT | 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                                                                              |
| 5 |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 6 |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               |
| 1 |    | FIRST HARMFUL EVENT                                                                                                                                                       | 1                                                                                                                                                                      |                                                                                                                                                | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                            |

## DAMAGE

## DAMAGE SCALE

9 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

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

## TRAFFIC

|                                                 |                                                                                                                       |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| # OF THROUGH LANES ON ROAD<br>4 | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---------------------------------|----------------------------------------------------------------------------------------------------------|

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

35

## POSTED SPEED

35

## DETECTED SPEED

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>MASON, AMBROSSIA P | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1745 STEVENS AVE, CINCINNATI, OH 45231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>HQV7224                                                                        | VEHICLE IDENTIFICATION #<br>2G1WA5EK2B1139786                          |
| VEHICLE YEAR<br>2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | VEHICLE MAKE<br>Chevrolet                                              |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>FOUNDERS INSURANCE CO                                                        | INSURANCE POLICY #<br>ITOH340292                                       |
| COLOR<br>White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | VEHICLE MODEL<br>Impala                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                        |
| 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 - BACKING<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - ENTERING OR CROSSING SPECIFIED LOCATION<br>20 - WALKING, RUNNING, JOGGING, PLAYING<br>21 - WORKING<br>22 - PUSHING VEHICLE<br>23 - NEGOTIATING A CURVE<br>24 - ENTERING OR CROSSING<br>25 - APPROACHING OR LEAVING VEHICLE<br>26 - STANDING<br>27 - OTHER NON-MOTORIST<br>28 - TRANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                          |                                                                                                   |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                   |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE OPPOSITE DIRECTION OF TRAVEL<br>13 - DOWNHILL RUNAWAY<br>14 - OTHER NON-COLLISION<br>15 - PEDESTRIAN<br>16 - PEDALCYCLE<br>17 - RAILWAY VEHICLE<br>18 - ANIMAL - FARM EQUIPMENT<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                      |                                                                                                   |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                   |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                        |

LOCAL REPORT NUMBER\*

IR25-005644

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

## TRAFFIC CONTROL

6 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 4 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



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                 | DATE OF BIRTH                                                                                                                                                                |                         | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER          |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | DRIVER, HITSKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | U               |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | 99                                                                                                                                                                           |                         | 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9               | 1                                                                                                                                                                                                                                                                                                                                                                                              | 1            |                                                                                                                                                              |      |                       |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               |                                                 | LOCAL CODE                                                                                                                                                                   | OFFENSE DESCRIPTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION NUMBER |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 |                                                                                                                                               | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                                                                                     |                         | CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALCOHOL TEST    |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST(S) |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 9                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1               | 1                                                                                                                                                                                                                                                                                                                                                                                              | .            | 1                                                                                                                                                            | 1    |                       |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                 | DATE OF BIRTH                                                                                                                                                                |                         | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER          |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | MASON, AMBROSSIA P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                               |                                                 | 02/06/1983                                                                                                                                                                   |                         | 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F               |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| 1745 STEVENS AVE, CINCINNATI, OH 45231                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| 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                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1               | 1                                                                                                                                                                                                                                                                                                                                                                                              | .            | 1                                                                                                                                                            | 1    |                       |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                 | DATE OF BIRTH                                                                                                                                                                |                         | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER          |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | 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      |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               |                                                 | LOCAL CODE                                                                                                                                                                   | OFFENSE DESCRIPTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION NUMBER |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                              |      |                       |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 |                                                                                                                                               | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                                                                                     |                         | CONDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALCOHOL TEST    |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST(S) |                                                                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATUS          | TYPE                                                                                                                                                                                                                                                                                                                                                                                           | VALUE        | STATUS                                                                                                                                                       | TYPE | RESULT SELECT UP TO 4 |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                | .            |                                                                                                                                                              |      |                       |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | AIR BAG                                                                                                                                       |                                                 | OL CLASS                                                                                                                                                                     |                         | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |              | TEST STATUS                                                                                                                                                  |      |                       |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<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     |      |                       |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | EJECTION                                                                                                                                      |                                                 | OL ENDORSEMENT                                                                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | ALCOHOL TEST TYPE                                                                                                                                            |      |                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                 | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |      |                       |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                 | GENDER                                                                                                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |              | DRUG TEST TYPE                                                                                                                                               |      |                       |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                 | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |              | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | DRUG TEST RESULT(S)                                                                                                                                          |      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                 |                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                |              | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |      |                       |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR25-005644

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