

## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" 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"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                              | LOCAL INFORMATION                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         | IR24-000397                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                             | REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                     |                                                                                                                                                                                                         | NCIC*<br>00901                                                                                                                                                                                                                                                                                                 | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                            | NUMBER OF UNITS<br>2                                                                                                                                                            | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                    |  |                                                                                                                                                |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                        | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         | CRASH DATE/TIME*<br>01/25/2024 05:39                                                                                                                                                                                                                                                                           |                                                                                                                   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                               |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                     | ROUTE NUMBER<br>4                                           | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>                                                                                        | LOCATION ROAD NAME                                                                                                                                                                                                                                                        |                                                                                                                                                                                                         | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LATITUDE<br>39.332688                                                                                             |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                           | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>South Gilmore                                                                                                                                                                                                            |                                                                                                                                                                                                         | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LONGITUDE<br>-84.521538                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                           |                                                             | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                             | 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| DISTANCE FROM REFERENCE<br>179                                                                                                                                                                                                                                                                                                                                       |                                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                         |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                             |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN<br>1 |                                                             |                                                                                                                                                                             | MANNER OF CRASH COLLISION/IMPACT<br>7 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"/> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                    |                                                                                                                                                                                 | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |                                                                                                                                                |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                            |                                                             | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER<br><input type="checkbox"/> |                                                                                                                                                                                                                                                                           | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA<br><input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                | CONTOUR<br>1 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                                 | CONDITIONS<br>1 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 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |  |
| LIGHT CONDITION<br>3 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>2 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 01/25/2024 at about 5:39 AM, Unit #1 was stopped in traffic and attempted to change lanes striking Unit #2. Unit #2 was traveling in the left most, left turn lane at approximately 25 M.P.H.; approaching the Dixie Hwy/ S Gilmore Rd intersection.                                                                                                 |                                                             |                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
| CRASH REPORTED DATE/TIME<br>01/25/2024 05:39                                                                                                                                                                                                                                                                                                                         |                                                             | DISPATCH DATE/TIME<br>01/25/2024 05:47                                                                                                                                      |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>01/25/2024 05:56                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>01/25/2024 06:12                                                                       |                                                                                                                                                                                 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                         |  |                                                                                                                                                |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                       | OTHER INVESTIGATION TIME<br>0                               | TOTAL MINUTES<br>25                                                                                                                                                         | OFFICER'S NAME*<br>Major, Michael                                                                                                                                                                                                                                         |                                                                                                                                                                                                         | CHECKED BY OFFICER'S NAME*<br>Mack, Kevin                                                                                                                                                                                                                                                                      |                                                                                                                   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                       |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                             | OFFICER'S BADGE NUMBER*<br>162                                                                                                                                                                                                                                            |                                                                                                                                                                                                         | CHECKED BY OFFICER'S BADGE NUMBER*<br>120                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                                                   |  |                                                                                                                                                |  |

IR24-000397

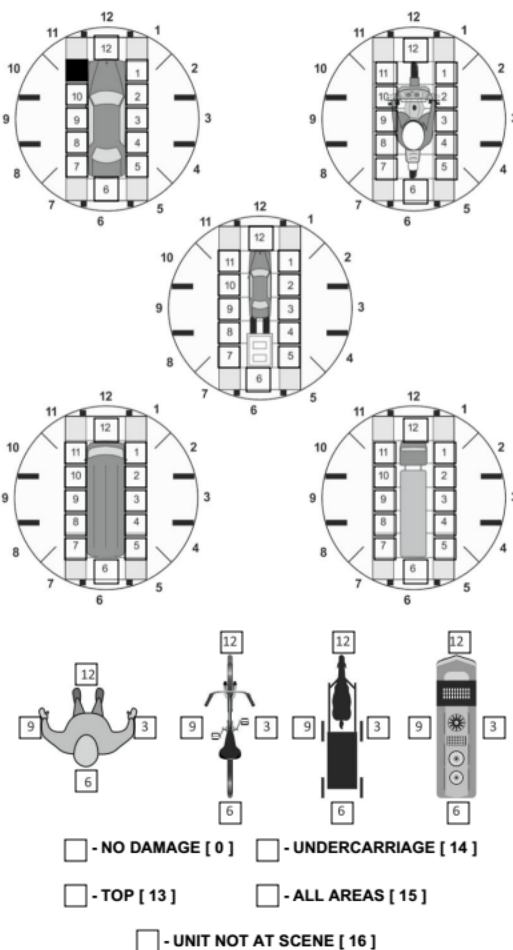
|                                                                                                                                       |                                                                                                    |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SPRYGADA, MICHAEL 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>5639 LAKESIDE DR, FAIRFIELD, OH 45014          |                                                                                                    |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KDV7626                                                                         | VEHICLE IDENTIFICATION #<br>7FARS5H85RE008297                          |
| VEHICLE YEAR<br>2024                                                                                                                  |                                                                                                    | VEHICLE MAKE<br>Honda                                                  |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>ALL STATE                                                                     | INSURANCE POLICY #<br>826 021 203                                      |
| COLOR<br>White                                                                                                                        |                                                                                                    | VEHICLE MODEL<br>CR-V                                                  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                    |                                                                        |
| US DOT #                                                                                                                              |                                                                                                    |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                    |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                                    |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                    |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                    |                                                                        |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                                    |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                    |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                    |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                    |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                    |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                    |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                    |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                    |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                                    |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>2                                                                                                       |                                                                                                    |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                    |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                    |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                    |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                    |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                                    |                                                                        |

## DAMAGE

## DAMAGE SCALE

- |   |                              |                                               |
|---|------------------------------|-----------------------------------------------|
| 2 | 1 - NONE<br>2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |
|---|------------------------------|-----------------------------------------------|

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

- |    |                                                           |                                                                 |
|----|-----------------------------------------------------------|-----------------------------------------------------------------|
| 11 | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
|----|-----------------------------------------------------------|-----------------------------------------------------------------|

## TRAFFIC

- |   |                            |
|---|----------------------------|
| 1 | 1 - ONE-WAY<br>2 - TWO-WAY |
|---|----------------------------|

- |   |                                                                                                  |
|---|--------------------------------------------------------------------------------------------------|
| 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

8

## RAIL GRADE CROSSING

- |   |                                                                                   |
|---|-----------------------------------------------------------------------------------|
| 1 | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---|-----------------------------------------------------------------------------------|

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

3

## DETECTED SPEED

- |   |                                                                      |
|---|----------------------------------------------------------------------|
| 1 | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |
|---|----------------------------------------------------------------------|

## POSTED SPEED

35

|                                                                                                                                       |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| UNIT #<br>2                                                                                                                           |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BELL SO, MICHAEL JOHN                                              |  |                                                                                                                                                                           |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>311 MEADOW CT, FAIRFIELD, OH 45014             |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |  |                                                                                                                                                   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| LP STATE<br>OH                                                                                                                        |  | LICENSE PLATE #<br>KCC5781                                                                                                                        |  | VEHICLE IDENTIFICATION #<br>1FM5K7D86GGB73513                                                                                                                             |  | VEHICLE YEAR<br>2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE MAKE<br>Ford      |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                |  | INSURANCE COMPANY<br>FARMERS INSURANCE                                                                                                            |  | INSURANCE POLICY #<br>536158712                                                                                                                                           |  | COLOR<br>Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE MODEL<br>Explorer |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |                                                                                                                                                   |  | US DOT #                                                                                                                                                                  |  | TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                    |  | <input type="checkbox"/> HIT/SKIP UNIT                                                                                                            |  | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                          |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| UNIT TYPE<br><br>3                                                                                                                    |  | # OCCUPANTS<br>1                                                                                                                                  |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 0                                                                                                                                     |  | # OF TRAILING UNITS                                                                                                                               |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 2                                                                                                                                     |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                 |  | AUTONOMOUS MODE LEVEL<br>0                                                                                                                                                |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 1                                                                                                                                     |  | SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                    |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                                   |  | 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                                                                                                                                                                                                                                                                                                                                                         |                           |
| 1                                                                                                                                     |  | CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                             |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING                                                                                                                   |  | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<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                                                                                                                                                                                                                                                                                                                                               |                           |
| <input type="checkbox"/>                                                                                                              |  | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                           |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                                            |  | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| <input type="checkbox"/>                                                                                                              |  | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                   |  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                                           |  | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<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                                                                                                                                                                                                                                                                                                                                                                              |                           |
| 4                                                                                                                                     |  | ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN                   |  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN                  |  | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<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                                                                                                                                                  |                           |
| 1                                                                                                                                     |  | CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN |  | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                   |  | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                                                                                                                   |                           |
| SEQUENCE OF EVENTS                                                                                                                    |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EVENTS                                                                                                                                |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 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<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |                           |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                  |  |                                                                                                                                                   |  |                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 4                                                                                                                                     |  | 25                                                                                                                                                |  | 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<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN        |                           |
| 1                                                                                                                                     |  | FIRST HARMFUL EVENT                                                                                                                               |  | 1                                                                                                                                                                         |  | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGE SCALE</b><br>1 - NONE                      3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE        4 - DISABLING DAMAGE<br><br>9 - UNKNOWN                                                                                                       |                                                                                                                                                                                                                                                                                  |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]              |                                                                                                                                                                                                                                                                                  |
| <b>INITIAL POINT OF CONTACT</b><br>0 - NO DAMAGE                      14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE<br>13 - TOP                              99 - UNKNOWN                                         |                                                                                                                                                                                                                                                                                  |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
| <b>TRAFFICWAY FLOW</b><br><input type="checkbox"/> 1 - ONE-WAY<br><input type="checkbox"/> 2 - TWO-WAY                                                                                                                                              | <b>TRAFFIC CONTROL</b><br><input type="checkbox"/> 1 - ROUNDABOUT<br><input type="checkbox"/> 2 - SIGNAL<br><input type="checkbox"/> 3 - FLASHER<br><input type="checkbox"/> 4 - STOP SIGN<br><input type="checkbox"/> 5 - YIELD SIGN<br><input type="checkbox"/> 6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b><br><input type="checkbox"/> 8                                                                                                                                                                                     | <b>RAIL GRADE CROSSING</b><br><input type="checkbox"/> 1 - NOT INVOLVED<br><input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING<br><input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING                                                                                       |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM <input type="checkbox"/> 6 TO <input type="checkbox"/> 7<br>1 - NORTH    5 - NORTHEAST<br>2 - SOUTH    6 - NORTHWEST<br>3 - EAST      7 - SOUTHEAST<br>4 - WEST     8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                                                                                                  |
| <b>UNIT SPEED</b><br><input type="text" value="30"/>                                                                                                                                                                                                | <b>DETECTED SPEED</b><br><input type="checkbox"/> 1 - STATED/ESTIMATED SPEED<br><input type="checkbox"/> 2 - CALCULATED/EDR<br><input type="checkbox"/> 3 - UNDETERMINED                                                                                                         |
| <b>POSTED SPEED</b><br><input type="text" value="35"/>                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |





| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                                   | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          | SPRYGADA, TRACY ANN        |                            |                 |                                                 | 04/04/1968                                                                                                 |                                   | 55                      | F                |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 5639 LAKESIDE DR, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                      |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION               |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |                            |                            | 331.08a1        |                                                 |                                                                                                            | Driving In Marked Lanes Or Contin |                         | 2400013801       |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 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 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                                   | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          | BELL SO, MICHAEL JOHN      |                            |                 |                                                 | 10/14/1961                                                                                                 |                                   | 62                      | M                |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 311 MEADOW CT, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                         |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                                   | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION               |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 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 |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | OL ENDORSEMENT                                                                                                                                                               |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         | 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 |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         | 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                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                                   |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  | DRUG TEST RESULT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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