

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

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                  |                                                           | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION                                                                                                                                                                                                                                                            |                                                                                                                                                                                                         | IR24-001417                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                 | REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                        |                                                                                                                                                                                                         | NCIC*<br>00901                                                                                                                                                                                                                                                                                                 | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                               | NUMBER OF UNITS<br>3                                                                                                                                            | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                    |                                                                                                                                                   |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                      | LOCALITY*<br>1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         | CRASH DATE/TIME*<br>03/16/2024 13:15                                                                                                                                                                                                                                                                           |                                                                                                                      | CRASH SEVERITY<br>3<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY               |                                                                                                                                                                                                                      |                                                                                                                                                   |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                   | ROUTE NUMBER<br>4                                         | PREFIX<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                            | LOCATION ROAD NAME                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LATITUDE<br>39.331333                                                                                                |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                                              | PREFIX<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                            | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>5726                                                                                                                                                                                                                        |                                                                                                                                                                                                         | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LONGITUDE<br>-84.519349                                                                                              |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                           |                                                           | DIRECTION FROM REFERENCE<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                          | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                          |                                                                                                                                                                                                         | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                                      | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |                                                                                                                                                                                                                      |                                                                                                                                                   |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                            |                                                           | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/><br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
| LOCATION OF FIRST HARMFUL EVENT<br>1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                                           |                                                                                                                                                                                 | MANNER OF CRASH COLLISION/IMPACT<br>2<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br><input type="checkbox"/><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                    |                                                                                                                                                                 | MEDIAN TYPE<br><input type="checkbox"/><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                                   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                          |                                                           | WORK ZONE TYPE<br><input type="checkbox"/><br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER     |                                                                                                                                                                                                                                                                              | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/><br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                                                                                                                                                                                                                                                                                                | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                 | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                   | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                  |                                                           |                                                                                                                                                                                 | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
| NARRATIVE<br>On 03-16-24, at 1:15 p.m. Unit 2 and Unit 3 were stopped in traffic northbound on on SR4 when Unit 1, which was traveling north on SR4 failed to maintain an assured clear distance ahead. As a result, the front of Unit 1 struck the rear of Unit 2, causing the front of Unit 2 to strike the rear of Unit 3.                                      |                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>03/16/2024 13:17                                                                                                                                                                                                                                                                                                                       |                                                           | DISPATCH DATE/TIME<br>03/16/2024 13:18                                                                                                                                          |                                                                                                                                                                                                                                                                              | ARRIVAL DATE/TIME<br>03/16/2024 13:18                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>03/16/2024 13:59                                                                          |                                                                                                                                                                 | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                    |                                                                                                                                                   |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                     | OTHER INVESTIGATION TIME<br>0                             | TOTAL MINUTES<br>41                                                                                                                                                             | OFFICER'S NAME*<br>Setterstrom, Daniel                                                                                                                                                                                                                                       |                                                                                                                                                                                                         | CHECKED BY OFFICER'S NAME*<br>Sprague, Jeffrey                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                 | OFFICER'S BADGE NUMBER*<br>121                                                                                                                                                                                                                                               |                                                                                                                                                                                                         | CHECKED BY OFFICER'S BADGE NUMBER*<br>84                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                   |

IR24-001417

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| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>THOMAS, LAQUATA DENISE | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2700 Harrison Ave Apt 7, CINCINNATI, OH 45211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE #<br>KAA5225                                                                            | VEHICLE IDENTIFICATION #<br>2HKYF185X5H525049                          |
| VEHICLE YEAR<br>2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE MAKE<br>Honda                                                                                 |                                                                        |
| INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br>STATE FARM                                                                       | INSURANCE POLICY #<br>2681361SFP35                                     |
| COLOR<br>Red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE MODEL<br>Pilot                                                                                |                                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                        |
| TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                                                                        |
| UNIT TYPE<br>3<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                       |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0<br>AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                        |
| SPECIAL FUNCTION<br>1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                        |
| CARGO BODY TYPE<br>1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                        |
| VEHICLE DEFECTS<br>1<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                        |
| ACTION<br>3<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC 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 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                        |                                                                                                       |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>8<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                       |                                                                        |
| SEQUENCE OF EVENTS<br>1<br>20<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE 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<br>4<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                       |                                                                        |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2  
1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

35

## DETECTED SPEED

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

## POSTED SPEED

35

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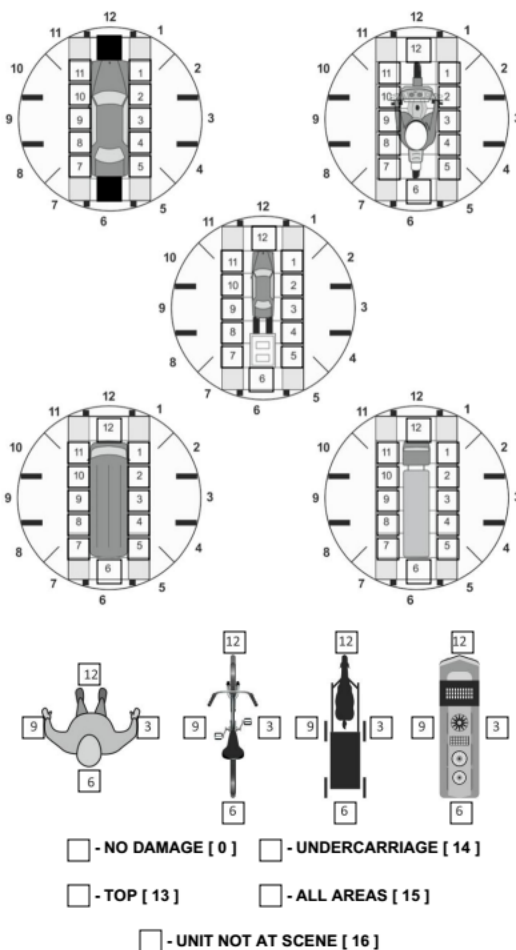
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>REYNOLDS, WALTER Z | OWNER PHONE: INCL. HNF AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>4 WOODBROOK CT, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                              |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JEH5869                                                                        | VEHICLE IDENTIFICATION #<br>1FAPP4044WF180983                            |
| VEHICLE YEAR<br>1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | VEHICLE MAKE<br>Ford                                                     |
| INSURANCE VERIFIED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY<br>GEICO INSURANCE                                                              | INSURANCE POLICY #<br>6046523384                                         |
| COLOR<br>Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | VEHICLE MODEL<br>Mustang                                                 |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                          |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                          |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                          |
| TOWED BY: COMPANY NAME<br>WAYNES TOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                          |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                          |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                   |                                                                          |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                          |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                          |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                          |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                          |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                          |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC FROM A PARKED POSITION<br>14 - LEAVING TRAFFIC LANE<br>15 - PARKED ILLEGALLY<br>16 - SWERVING TO AVOID<br>17 - WRONG WAY<br>18 - ENTERING A CURVE<br>19 - ENTERING OR CROSSING SPECIFIED LOCATION<br>20 - WALKING, RUNNING, JOGGING, PLAYING<br>21 - WORKING<br>22 - PUSHING VEHICLE<br>23 - APPROACHING OR LEAVING VEHICLE<br>24 - STANDING<br>25 - OTHER NON-MOTORIST<br>26 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                             |                                                                                                   |                                                                          |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                   |                                                                          |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE 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<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                   |                                                                          |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                          |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                          |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

TRAFFICWAY FLOW  
2 1 - ONE-WAY  
2 - TWO-WAYTRAFFIC CONTROL  
6 1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

# OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

## UNIT SPEED

0

## DETECTED SPEED

1

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

## POSTED SPEED

35

IR24-001417

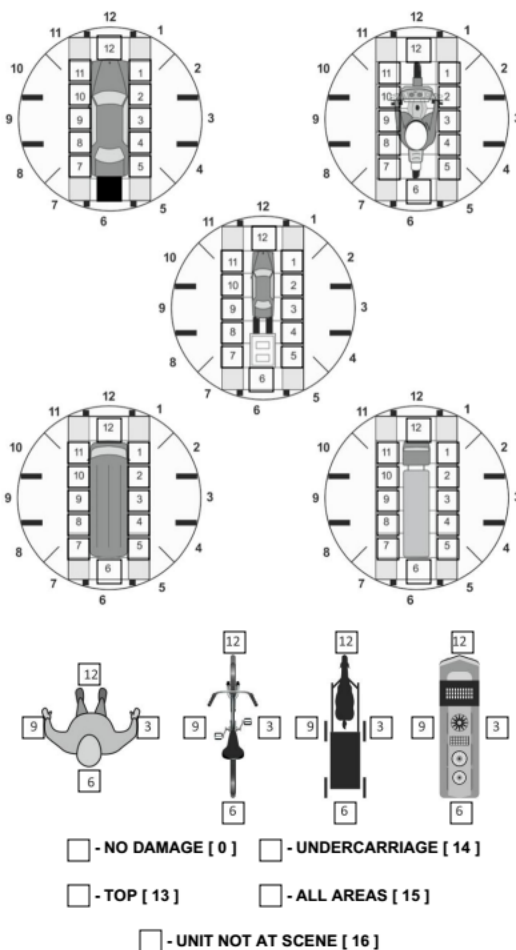
|                                                                                                                                       |                                                                                                   |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>OHLHAUSER, DEBORAH | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>4 WOODBROOK CT, FAIRFIELD, OH 45014            |                                                                                                   |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HMR2675                                                                        | VEHICLE IDENTIFICATION #<br>1FMDK02157GA17987                          |
| VEHICLE YEAR<br>2007                                                                                                                  |                                                                                                   | VEHICLE MAKE<br>Ford                                                   |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>STATE FARM                                                                   | INSURANCE POLICY #<br>3474942SFP35                                     |
| COLOR<br>Blue, Dark                                                                                                                   |                                                                                                   | VEHICLE MODEL<br>FREESTYLE                                             |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                   |                                                                        |
| US DOT #                                                                                                                              |                                                                                                   |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                   |                                                                        |
| TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                  |                                                                                                   |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                   |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                   |                                                                        |
| # OCCUPANTS<br>2                                                                                                                      |                                                                                                   |                                                                        |
| 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>4                                                                                                                           |                                                                                                   |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                       |                                                                                                   |                                                                        |
| 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

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

TRAFFICWAY FLOW  
2 1 - ONE-WAY  
2 - TWO-WAYTRAFFIC CONTROL  
6 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL# OF THROUGH LANES ON ROAD  
4RAIL GRADE CROSSING  
1 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

35



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                         |  | DATE OF BIRTH                                                                                                                                                                                                                                       |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | THOMAS, LAQUATA DENISE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                         |  | 03/18/1954                                                                                                                                                                                                                                          |  | 69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 2700 Harrison Ave Apt 7, CINCINNATI, OH 45211                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                       |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | MEDICAL FACILITY                                                                                                                                                                                                                                    |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                    |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG USAGE                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                            |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2                                                                                                                                                                                       |  | 1                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                                         |  | LOCAL CODE                                                                                                                                                                                                                                          |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 333.03a                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                     |  | ACDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 2400040202                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                              |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | 1                                                                                                                                                                                                                                                   |  | ALCOHOL MARIJUANA OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TYPE                                                                                                                                                                                    |  | VALUE                                                                                                                                                                                                                                               |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                       |  | .                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                               |  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | RESULT SELECT UP TO 4                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                         |  | DATE OF BIRTH                                                                                                                                                                                                                                       |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | REYNOLDS, WALTER ZACKARY SCOTT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                         |  | 01/06/1971                                                                                                                                                                                                                                          |  | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 2604 RIVER RD, HAMILTON, OH 45015                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                       |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                          |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | CITY OF FAIRFIELD FIRE                                                                                                                                                                  |  | UC HEALTH WEST CHESTER, WEST CHESTER TWP                                                                                                                                                                                                            |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                    |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG USAGE                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                            |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2                                                                                                                                                                                       |  | 1                                                                                                                                                                                                                                                   |  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                                         |  | LOCAL CODE                                                                                                                                                                                                                                          |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                              |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | 1                                                                                                                                                                                                                                                   |  | ALCOHOL MARIJUANA OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TYPE                                                                                                                                                                                    |  | VALUE                                                                                                                                                                                                                                               |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                       |  | .                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                               |  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | RESULT SELECT UP TO 4                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                         |  | DATE OF BIRTH                                                                                                                                                                                                                                       |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                          |  | OHLHAUSER, ERNEST MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                         |  | 04/30/1965                                                                                                                                                                                                                                          |  | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 4 WOODBROOK CT, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                                       |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                          |  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | CITY OF FAIRFIELD FIRE                                                                                                                                                                  |  | UC HEALTH WEST CHESTER, WEST CHESTER TWP                                                                                                                                                                                                            |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                    |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG USAGE                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                            |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                       |  | 1                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                                         |  | LOCAL CODE                                                                                                                                                                                                                                          |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                              |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                         |  | 1                                                                                                                                                                                                                                                   |  | ALCOHOL MARIJUANA OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TYPE                                                                                                                                                                                    |  | VALUE                                                                                                                                                                                                                                               |  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                       |  | .                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                               |  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | RESULT SELECT UP TO 4                                                                                                                                                                   |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG                                                                                                                                                                                 |  | OL CLASS                                                                                                                                                                                                                                            |  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN                                           |  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                                                                                                  |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |        | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | OL ENDORSEMENT                                                                                                                                                                          |  | GENDER                                                                                                                                                                                                                                              |  | ALCOHOL TEST TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                       |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DRUG TEST TYPE                                                                                                                                                                          |  | CONDITION                                                                                                                                                                                                                                           |  | DRUG TEST RESULT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                         |  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR24-001417

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|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------|----------------|
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          | 3                                        | OHLHAUSER, DEBORAH KAY WOOLDRIDGE                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 10/02/1957                                                                                                                                    |                                                  | 66                                                                                    | F                    |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
| 4 WOODBROOK CT, FAIRFIELD, OH 45014                                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                               | <b>AIR BAG USAGE</b> | <b>EJECTION</b>                                                                            | <b>TRAPPED</b> |
| 3                                                                                                                        | 2                                        | CITY OF FAIRFIELD FIRE                                                                                                                                                                                                                                                                                                                                                                                        |  | UC HEALTH WEST CHESTER, WEST CHESTER TWP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 4                                                                                                                                             | <input type="checkbox"/>                         | 3                                                                                     | 1                    | 1                                                                                          | 1              |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                               | <b>AIR BAG USAGE</b> | <b>EJECTION</b>                                                                            | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               | <input type="checkbox"/>                         |                                                                                       |                      |                                                                                            |                |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                               | <b>AIR BAG USAGE</b> | <b>EJECTION</b>                                                                            | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               | <input type="checkbox"/>                         |                                                                                       |                      |                                                                                            |                |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                               | <b>AIR BAG USAGE</b> | <b>EJECTION</b>                                                                            | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               | <input type="checkbox"/>                         |                                                                                       |                      |                                                                                            |                |
| <b>INJURY</b>                                                                                                            |                                          | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>SEATING POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>AIR BAG USAGE</b>                                                                                                                          |                                                  | <b>EJECTION</b>                                                                       |                      | <b>TRAPPED</b>                                                                             |                |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                          | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - 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 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE |                      | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |                |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN        |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          | JONES, CIERRA                            |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 03/31/1986                                                                                                                                    |                                                  | 37                                                                                    | F                    |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
| 1688 CLAYBURN CIR, SPRINGFIELD TWP, OH 45240                                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                          |                                                  | <b>AGE</b>                                                                            | <b>GENDER</b>        |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                      |                                                  |                                                                                       |                      |                                                                                            |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                                                  |                                                                                       |                      |                                                                                            |                |