

|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                         |                                              | <input type="checkbox"/> OH-2                                                                                      | <input type="checkbox"/> OH-3                         | LOCAL INFORMATION                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | LOCAL REPORT NUMBER*                                                                                                                            |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                 |                                              | <input type="checkbox"/> OH-1P                                                                                     | <input type="checkbox"/> OTHER                        | REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                              |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | NCIC*                                                                                                                                           | HIT/SKIP                                                                                                                                                                                   | NUMBER OF UNITS                 | UNIT IN ERROR                                                                                     |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  | 00901                                                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            | 1<br>1 - SOLVED<br>2 - UNSOLVED | 2                                                                                                 | 1<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                |
| COUNTY*                                                                                                                                                                                                                                                                                                                  | LOCALITY*                                    | LOCATION: CITY, VILLAGE, TOWNSHIP*                                                                                 |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            | CRASH DATE/TIME*                |                                                                                                   | CRASH SEVERITY                                                                                                                  |
| 09                                                                                                                                                                                                                                                                                                                       | 1<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | Fairfield                                                                                                          |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            | 03/19/2024 14:00                |                                                                                                   | 5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| REFERENCE LOCATION                                                                                                                                                                                                                                                                                                       | ROUTE TYPE                                   | ROUTE NUMBER                                                                                                       | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>SOUTH GILMORE                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | ROAD TYPE                                                                                                                                       | LATITUDE<br>39.307762                                                                                                                                                                      |                                 |                                                                                                   |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          | ROUTE TYPE                                   | ROUTE NUMBER                                                                                                       | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6200                                                                                                                                                              |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | ROAD TYPE                                                                                                                                       | LONGITUDE<br>-84.521754                                                                                                                                                                    |                                 |                                                                                                   |                                                                                                                                 |
| REFERENCE POINT                                                                                                                                                                                                                                                                                                          |                                              | DIRECTION FROM REFERENCE<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                       | 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                                                                                                                            |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                  |                                              | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                     |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | NUMBER OF APPROACHES                                                                                                                            |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | ROADWAY                                                                                                                                         |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | ROADWAY DIVIDED                                                                                                                                 |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
| LOCATION OF FIRST HARMFUL EVENT<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                                                                                                                                        |                                              |                                                                                                                    |                                                       | MANNER OF CRASH COLLISION/IMPACT<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR<br>TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                           | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN<br>< 4 FEET<br>2 - DIVIDED FLUSH MEDIAN<br>≥ 4 FEET<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>ANY TYPE<br>9 - OTHER/UNKNOWN |                                 |                                                                                                   |                                                                                                                                 |
| <input type="checkbox"/> WORK ZONE RELATED                                                                                                                                                                                                                                                                               |                                              | <input type="checkbox"/> WORKERS PRESENT                                                                           |                                                       | <input type="checkbox"/> LAW ENFORCEMENT PRESENT                                                                                                                                                                   |                                  | <input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                    |                                                                                                                                                 | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA             | CONTOUR<br>1                    | CONDITIONS<br>1                                                                                   | SURFACE<br>2                                                                                                                    |
| <input type="checkbox"/> LIGHT CONDITION<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                                                                                                                    |                                              | <input type="checkbox"/> WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL |                                                       | <input type="checkbox"/> WEATHER<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                         |                                  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                                           | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN               |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
| NARRATIVE<br>On March 19, 2024 at approximately 2:00 p.m. Unit 1 was backing from a parking space in the private lot of 6200 South Gilmore Rd. when it struck Unit #2, a parked vehicle. Unit 1 then left the scene without reporting the accident or leaving his information. Unit 1 was located and issued a citation. |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | DIAGRAM                                                                                                                                         |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            |                                 |                                                                                                   |                                                                                                                                 |
| CRASH REPORTED DATE/TIME<br>03/20/2024 10:05                                                                                                                                                                                                                                                                             |                                              |                                                                                                                    | DISPATCH DATE/TIME<br>03/20/2024 10:16                |                                                                                                                                                                                                                    |                                  | ARRIVAL DATE/TIME<br>03/20/2024 10:25                                                                                                                                                                                                                                                                          |                                                                                                                                                 |                                                                                                                                                 | SCENE CLEARED DATE/TIME<br>03/20/2024 10:55                                                                                                                                                |                                 |                                                                                                   | REPORT TAKEN BY                                                                                                                 |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                           |                                              | OTHER INVESTIGATION TIME<br>0                                                                                      |                                                       | TOTAL MINUTES<br>39                                                                                                                                                                                                | OFFICER'S NAME*<br>Fleenor, Ryan |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | CHECKED BY OFFICER'S NAME*<br>Cresap, Lori                                                                                                      |                                                                                                                                                                                            |                                 | <input checked="" type="checkbox"/> POLICE AGENCY                                                 |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    | OFFICER'S BADGE NUMBER*<br>117   |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | CHECKED BY OFFICER'S BADGE NUMBER*<br>87                                                                                                        |                                                                                                                                                                                            |                                 | <input type="checkbox"/> MOTORIST                                                                 |                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                    |                                                       |                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                 |                                                                                                                                                                                            |                                 | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |                                                                                                                                 |

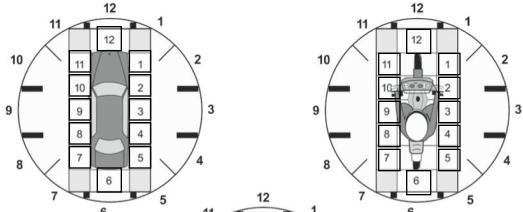
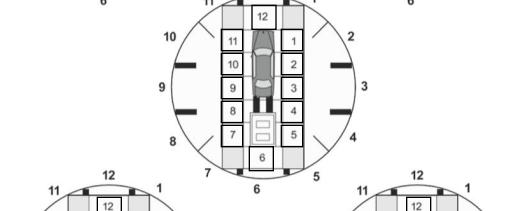
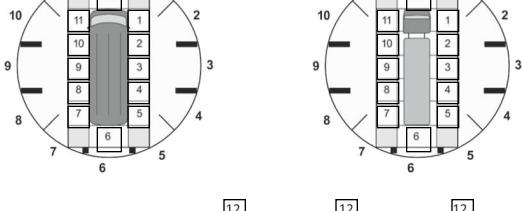
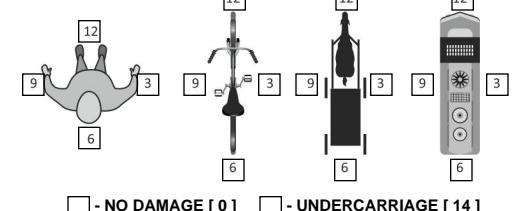
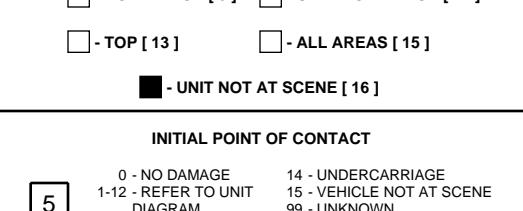
IR24-001500

|                                                                                                                                       |                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER                                                                                                                                 | UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) VASSER, TAMIKIO M                                                                                  |                                                                                                                                                                      | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                       | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 8971 FARMEDGE LN, CINCINNATI, OH 45231                                                   |                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| VEHICLE                                                                                                                               | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                    |                                                                                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                       | LP STATE OH                                                                                                                                                                            | LICENSE PLATE # JYV3272                                                                                                                                              | VEHICLE IDENTIFICATION # 1FTEX1CM4BFC40173                                                                                                  | VEHICLE YEAR 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY PROGRESSIVE INSURANCE                                                                                                                                                | INSURANCE POLICY # 60252627                                                                                                                                          | COLOR Taupe                                                                                                                                 | VEHICLE MODEL F-150                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                                        | US DOT #                                                                                                                                                             | TOWED BY: COMPANY NAME                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| INTERLOCK DEVICE EQUIPPED                                                                                                             | HIT/SKIP UNIT # OCCUPANTS 1                                                                                                                                                            | VEHICLE WEIGHT GVWR/GCWR 1                                                                                                                                           | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| UNIT TYPE 4                                                                                                                           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                                                          | 2 - WHEELED<br>8 - MOTORCYCLE<br>3 - WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                                 | 7 - MOTORCYCLE<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT OR ANIMAL-WITH RIDER<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                                                                                                                                                              |
| 0 # OF TRAILING UNITS                                                                                                                 |                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                       | 0                                                                                                                                                                                      | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                                                                                 | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                    | 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1 SPECIAL FUNCTION                                                                                                                    | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                                                                             | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER                                                                                | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT                                             | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                    |
| 1 CARGO BODY TYPE                                                                                                                     | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                                                                     | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING                                                                                                              | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL                                                   | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                    |
| VEHICLE DEFECTS                                                                                                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                                   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                                       | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                                                                                  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                             |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                       | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                                                           | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                                      | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK                                                                                  | 9 - MEDIAN/CROSSING<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>12 - FIRST RESPONDER ISLAND AT INCIDENT SCENE<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER UNKNOWN |
| 3 ACTION                                                                                                                              | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>9 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                         | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER UNKNOWN                                                                                                                          |
| 12 CONTRIBUTING CIRCUMSTANCES                                                                                                         | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                                                    | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING              | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                  | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                         |
| SEQUENCE OF EVENTS                                                                                                                    | EVENTS                                                                                                                                                                                 |                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1 21                                                                                                                                  | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION                                                                                                                          | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS                                                                                                                     | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL                                                                                          | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2                                                                                                                                     | 4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                                                                                                     | 8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                                                                                       | 12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE                                                     | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT                                                                                                                                                                                                                                                                                                                                  |
| 3                                                                                                                                     |                                                                                                                                                                                        |                                                                                                                                                                      |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4                                                                                                                                     | 25 - IMPACT ATTENUATOR/ CRASH CUSHION                                                                                                                                                  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER                                                                                             | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES SUPPORT                                                               | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT                                                                                                                                                                                                                                                                                                                                                                               |
| 5                                                                                                                                     | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT                                                                                                                         | 34 - MEDIAN GUARDRAIL BARRIER                                                                                                                                        | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>42 - CULVERT                                                                                  | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                       |
| 6                                                                                                                                     | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE                                                                                                                         | 35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER                                                                                                            |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1                                                                                                                                     | FIRST HARMFUL EVENT                                                                                                                                                                    | 1 MOST HARMFUL EVENT                                                                                                                                                 |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**DAMAGE**

|   |                              |                                               |
|---|------------------------------|-----------------------------------------------|
| 2 | 1 - NONE<br>2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |
|   |                              | 9 - UNKNOWN                                   |

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**INITIAL POINT OF CONTACT**

|   |                                                           |                                                                 |
|---|-----------------------------------------------------------|-----------------------------------------------------------------|
| 5 | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
|---|-----------------------------------------------------------|-----------------------------------------------------------------|

**TRAFFIC**

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

**# OF THROUGH LANES ON ROAD 2**

**RAIL GRADE CROSSING 1**

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

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED 5**

**DETECTED SPEED 1**

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

**POSTED SPEED 15**

IR24-001500

|             |                                                                                                   |                                                                        |
|-------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>KIM, JENNIFER LEWIS | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|-------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
6031 BIRKDALE DR, WEST CHESTER, OH 45069

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|                |                            |                                               |                      |                       |
|----------------|----------------------------|-----------------------------------------------|----------------------|-----------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>GZF9089 | VEHICLE IDENTIFICATION #<br>JM1BK32F741125860 | VEHICLE YEAR<br>2004 | VEHICLE MAKE<br>Mazda |
|----------------|----------------------------|-----------------------------------------------|----------------------|-----------------------|

|                       |                                                  |                                     |                     |                         |
|-----------------------|--------------------------------------------------|-------------------------------------|---------------------|-------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>AMERICAN COMMERCE INSURANCE | INSURANCE POLICY #<br>ACPA001725198 | COLOR<br>Green, Lig | VEHICLE MODEL<br>Mazda3 |
|-----------------------|--------------------------------------------------|-------------------------------------|---------------------|-------------------------|

|                                                                                                                                       |  |             |                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #    | TOWED BY: COMPANY NAME                                                                                                                                                   |  |
| INTERLOCK<br>DEVICE EQUIPPED                                                                                                          |  | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR<br>1<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                             |  |
|                                                                                                                                       |  |             | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |  |

|                |                                                                                                                     |                                                                                                                                                            |                                                                                                                           |                                                                                                                                                                     |                                                                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT TYPE<br>1 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP |
| 0              | # OF TRAILING UNITS                                                                                                 |                                                                                                                                                            |                                                                                                                           |                                                                                                                                                                     |                                                                                                                                                         |

|   |                                                                     |                          |                                                                      |                                                                             |             |
|---|---------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|
| 2 | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED? | 0                        | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|   | 1 - YES 2 - NO 9 - OTHER/UNKNOWN                                    | AUTONOMOUS<br>MODE LEVEL |                                                                      |                                                                             |             |

|   |                                                                                                                  |                                                                                       |                                                                                                    |                                                                                               |                                         |
|---|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------|
| 1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------|

|   |                                                          |                                                               |                                                                                                 |                                                          |                                                                                           |
|---|----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1 | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|---|----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------|

|   |                                                      |                                                |                                                                     |                                                           |                    |
|---|------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|--------------------|
| 1 | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|---|------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|--------------------|

|                                       |                                                                                          |                                                                                                          |                                                               |                                                                                             |                                                                 |
|---------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| NON-MOTORIST<br>LOCATION<br>AT IMPACT | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
|---------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|   |                                                                                                                                                        |                                                                                                      |                                                                                                               |                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                     |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>STRIKING<br>PRE-CRASHES<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN | 10 - STRIKING<br>MAKING RIGHT TURN<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - MAKING U-TURN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>6 - MAKING LEFT TURN | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A<br>LANE<br>14 - ENTERING OR<br>CROSSING<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>SPECIFIED LOCATION<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

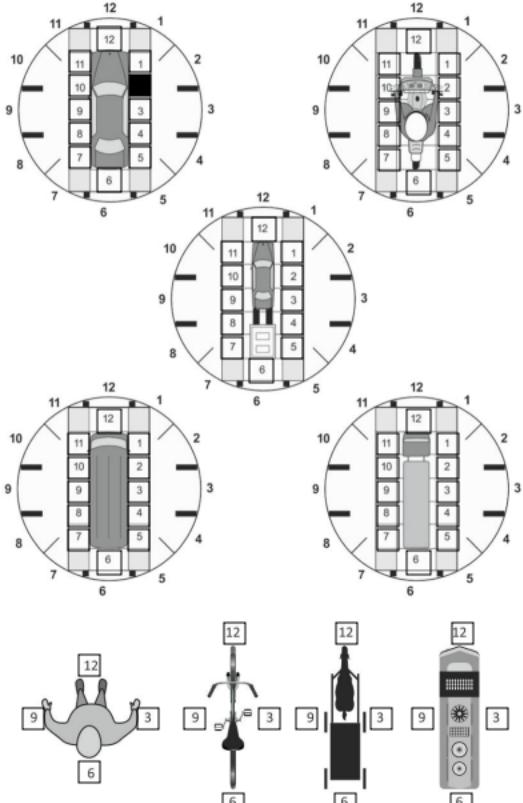
|   |                                                                                                                     |                                                                                                                                          |                                                                                                         |                                                                                                                                        |                                                                                                                                           |                                                                                                                        |
|---|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 8 - FOLLOWING TOO<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>ACTION | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION |
|---|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

## SEQUENCE OF EVENTS

|   |                                                                                                                           |                                                                                                                                   |                                                                                                                                                             |                                                                                                                                                                                              |                                                                                                                                                                              |
|---|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNSHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>24 - OTHER MOBILE<br>OBJECT | 22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOBILE<br>OBJECT |
|---|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|   |                                                                                                   |                                                                  |                                                                                       |                                                                                                                                                                                                                                                           |
|---|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION                                                       | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT | 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<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |
| 5 | 26 - BRIDGE OVERHEAD<br>STRUCTURE                                                                 | 34 - MEDIAN GUARDRAIL<br>BARRIER                                 | 41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT                                   |                                                                                                                                                                                                                                                           |
| 6 | 27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER  |                                                                                       |                                                                                                                                                                                                                                                           |

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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



## MOTORIST / NON-MOTORIST

---

**LOCAL REPORT NUMBER**

IR24-001500

| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | Accident Report Form |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AGE                     | GENDER                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------|--|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|----------------------------------------------------------------------------|--------------------------|---------|
|                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #               | NAME: LAST, FIRST, MIDDLE                         |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 1                                                                                                                                                                                                                                                                                                                                                                                          | VASSER, HARVEY C     |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | 11/30/1974                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                | 49               | M                                                                                                                                                        |               |                          |                                                                            |                          |         |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 8971 FARMEDGE LN, CINCINNATI, OH 45231                                                                                                                                                                                                                                                                                                                                                     |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)                                                          |                                                                                                                                                                                              |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | SAFETY EQUIPMENT USED                                                                                                                                                                                                                               | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DOT-COMPLIANT MC HELMET |                                                                                                                                                                                                                                                                                                                                                                                                | SEATING POSITION | 1                                                                                                                                                        | AIR BAG USAGE | 1                        | EJECTION                                                                   | 1                        | TRAPPED |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |                      | OPERATOR LICENSE NUMBER                           |  |                                                                            | OFFENSE CHARGED                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     | LOCAL CODE | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |                      | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3                                                 |                                                                                                                                                                                              | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION                                                                                                                                                                                                                                           | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST(S)     |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                              | 8                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                          |            |                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                   | <input type="checkbox"/> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS           | 1                                                                                                                                                        | TYPE          | RESULT SELECT UP TO 4    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |         |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |                      | NAME: LAST, FIRST, MIDDLE                         |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  | AGE                                                                                                                                                      | GENDER        |                          |                                                                            |                          |         |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)                                                          |                                                                                                                                                                                              |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | SAFETY EQUIPMENT USED                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOT-COMPLIANT MC HELMET |                                                                                                                                                                                                                                                                                                                                                                                                | SEATING POSITION | <input type="checkbox"/>                                                                                                                                 | AIR BAG USAGE | <input type="checkbox"/> | EJECTION                                                                   | <input type="checkbox"/> | TRAPPED |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |                      | OPERATOR LICENSE NUMBER                           |  |                                                                            | OFFENSE CHARGED                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     | LOCAL CODE | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |                      | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3                                                 |                                                                                                                                                                                              | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION                                                                                                                                                                                                                                           | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST(S)     |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                              | 8                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                          |            |                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                            | <input type="checkbox"/> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS           | 1                                                                                                                                                        | TYPE          | RESULT SELECT UP TO 4    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |         |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |                      | NAME: LAST, FIRST, MIDDLE                         |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  | AGE                                                                                                                                                      | GENDER        |                          |                                                                            |                          |         |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)                                                          |                                                                                                                                                                                              |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | SAFETY EQUIPMENT USED                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOT-COMPLIANT MC HELMET |                                                                                                                                                                                                                                                                                                                                                                                                | SEATING POSITION | <input type="checkbox"/>                                                                                                                                 | AIR BAG USAGE | <input type="checkbox"/> | EJECTION                                                                   | <input type="checkbox"/> | TRAPPED |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |                      | OPERATOR LICENSE NUMBER                           |  |                                                                            | OFFENSE CHARGED                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     | LOCAL CODE | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |                      | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3                                                 |                                                                                                                                                                                              | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION                                                                                                                                                                                                                                           | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST(S)     |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                              | 8                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                          |            |                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                            | <input type="checkbox"/> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS           | 1                                                                                                                                                        | TYPE          | RESULT SELECT UP TO 4    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | SEATING POSITION                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AIR BAG                 | OL CLASS                                                                                                                                                                                                                                                                                                                                                                                       |                  | OL RESTRICTION(S)                                                                                                                                        |               | DRIVER DISTRACTION       |                                                                            | TEST STATUS              |         |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE |                      | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - NOT APPLICABLE                                                                                                           |            | 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          |                                                                                                                                                                                                                                                                                                                                                                                                | TEST STATUS      |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 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                                                             |            | 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<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | TRAPPED                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| 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 - 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 |            | TEST STATUS                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | EJECTION                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | OL ENDORSEMENT                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | TRAPPED                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | GENDER                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST TYPE                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST RESULT(S)                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                   |  |                                                                            |                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TEST STATUS             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                          |               |                          |                                                                            |                          |         |