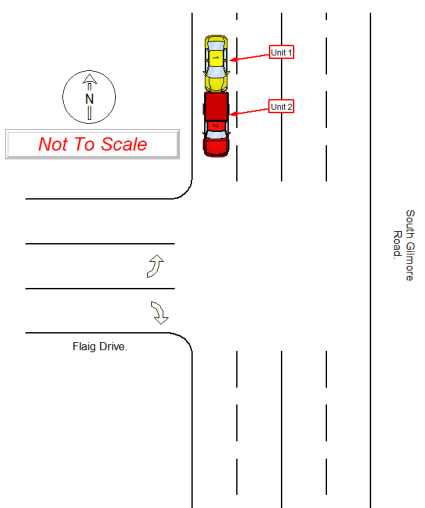


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <div> <div> <div> <div> <div>PHOTOS TAKEN</div> <div>SECONDARY CRASH</div> </div> <div> <div>OH-2</div> <div>OH-1P</div> <div>PRIVATE PROPERTY</div> </div> <div> <div>OH-3</div> <div>OTHER</div> </div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div> </div>                                                                                                 |                                                  |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              | <div>LOCAL REPORT NUMBER*</div> <div>IR24-001511</div>                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |
| <div>COUNTY*</div> <div>09</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | <div>LOCALITY*</div> <div>1</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div>                                                                                                            |                                                                                                     | <div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>CRASH DATE/TIME*</div> <div>03/20/2024 15:29</div>                                                                                                                                                                                               |                                                                                              | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>5</div>                                      |  |  |  |  |  |  |  |  |  |
| <div>LOCATION</div> <div>REFERENCE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div>ROUTE TYPE</div>                            | <div>ROUTE NUMBER</div>                                                                                                                                                                                         | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>LOCATION ROAD NAME</div> <div>South Gilmore</div>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div> <div>RD</div>                                                                                                                                                                                                                    | <div>LATITUDE</div> <div>39.311533</div>                                                     |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div>ROUTE TYPE</div>                            | <div>ROUTE NUMBER</div>                                                                                                                                                                                         | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>Flaig</div>                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div> <div>DR</div>                                                                                                                                                                                                                    | <div>LONGITUDE</div> <div>-84.522892</div>                                                   |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>REFERENCE POINT</div> <div>1</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div>                                                                                                                                                                                                                                                                                                                                                                                           |                                                  | <div>DIRECTION FROM REFERENCE</div> <div>1</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                              |                                                                                                     | <div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>                                                                                                                                                                  |  | <div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div> |  | <div>INTERSECTION RELATED</div> <div> <div>WITHIN INTERSECTION OR ON APPROACH</div> <div>WITHIN INTERCHANGE AREA</div> </div> <div>NUMBER OF APPROACHES</div>                                                                                         |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>DISTANCE FROM REFERENCE</div> <div>113</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | <div>DISTANCE UNIT OF MEASURE</div> <div>2</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>                                                                                                  |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROADWAY</div> <div>ROADWAY DIVIDED</div>                                                                                                                                                                                                         |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div> |                                                  |                                                                                                                                                                                                                 |                                                                                                     | <div>MANNER OF CRASH COLLISION/IMPACT</div> <div>2</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>DIRECTION OF TRAVEL</div> <div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> </div>                                                                                                                         |                                                                                              | <div>MEDIAN TYPE</div> <div> <div>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (&gt;= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div> </div> |  |  |  |  |  |  |  |  |  |
| <div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | <div>WORK ZONE TYPE</div> <div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div> </div> |                                                                                                     | <div>LOCATION OF CRASH IN WORK ZONE</div> <div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div> </div>                                                                                                                             |  | <div>CONTOUR</div> <div>1</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div>                                                                                                                                                                                                                                                                                                           |  | <div>CONDITIONS</div> <div>1</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> |                                                                                              | <div>SURFACE</div> <div>2</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div>                                           |  |  |  |  |  |  |  |  |  |
| <div>LIGHT CONDITION</div> <div>1</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div>                                                                                                                                                                                                                                                          |                                                  |                                                                                                                                                                                                                 |                                                                                                     | <div>WEATHER</div> <div>1</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div>                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>NARRATIVE</div> <div>On March 20, 2024 at 3:29 p.m unit 1 and unit 2 were traveling south on South Gilmore Road near Flaig Drive. Unit 1 did not leave enough distance between themselves and unit 2, striking unit 1 in the rear.</div> <div>No damage was noted to unit 2 on the exterior, unit 1 struck the trailer hitch on the rear of the truck.</div>                                                                                                                                             |                                                  |                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>DIAGRAM</div>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>CRASH REPORTED DATE/TIME</div> <div>03/20/2024 15:29</div>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | <div>DISPATCH DATE/TIME</div> <div>03/20/2024 15:31</div>                                                                                                                                                       |                                                                                                     | <div>ARRIVAL DATE/TIME</div> <div>03/20/2024 15:42</div>                                                                                                                                                                                                                                                                                                                |  | <div>SCENE CLEARED DATE/TIME</div> <div>03/20/2024 16:03</div>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <div>REPORT TAKEN BY</div> <div> <div>POLICE AGENCY</div> <div>MOTORIST</div> </div>                                                                                                                                                                  |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <div>TOTAL TIME ROADWAY CLOSED</div> <div>0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div>OTHER INVESTIGATION TIME</div> <div>0</div> | <div>TOTAL MINUTES</div> <div>32</div>                                                                                                                                                                          | <div>OFFICER'S NAME*</div> <div>Partin, Emma</div>                                                  |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S NAME*</div> <div>Miller, Matthew</div>                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                       | <div>SUPPLEMENT</div> <div>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div> |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                                                                                                 | <div>OFFICER'S BADGE NUMBER*</div> <div>176</div>                                                   |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>141</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |

IR24-001511

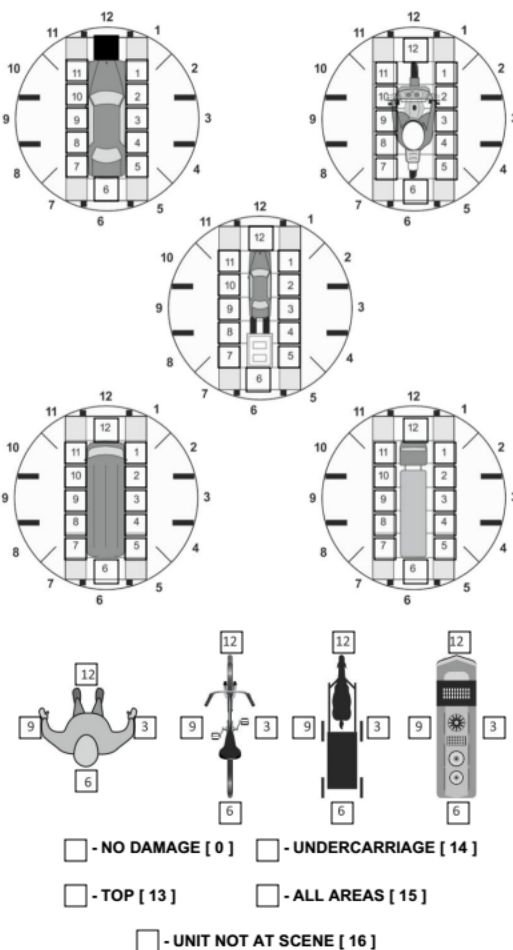
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( ■ SAME AS DRIVER)<br>ALADE, EMMANUEL OYEBODE | OWNER PHONE: INCLUDE AREA CODE ■ SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ■ SAME AS DRIVER)<br>2355 WHITEWOOD LN, CINCINNATI, OH 45239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                 |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE     |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>R838562                                                     | VEHICLE IDENTIFICATION #<br>1C3CDFAA7GD541095   |
| VEHICLE YEAR<br>2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | VEHICLE MAKE<br>Dodge                           |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>GEICO                                                     | INSURANCE POLICY #<br>6154815994                |
| COLOR<br>Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | VEHICLE MODEL<br>Dart                           |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                 |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                 |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                 |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                 |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                 |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                 |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                 |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                |                                                 |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                 |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                 |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                 |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                 |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                 |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                 |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC<br>14 - LEAVING TRAFFIC<br>15 - PARKED<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                             |                                                                                |                                                 |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                |                                                 |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE<br>13 - ANIMAL - FARM<br>14 - ANIMAL - DEER<br>15 - ANIMAL - OTHER<br>16 - MOTOR VEHICLE IN TRANSPORT<br>17 - PARKED MOTOR VEHICLE<br>18 - WORK ZONE MAINTENANCE EQUIPMENT<br>19 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>20 - OTHER MOVABLE OBJECT                                                                                                                                                                                          |                                                                                |                                                 |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                |                                                 |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                 |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                 |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

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

# OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

5

## DETECTED SPEED

1

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

## POSTED SPEED

35

IR24-001511

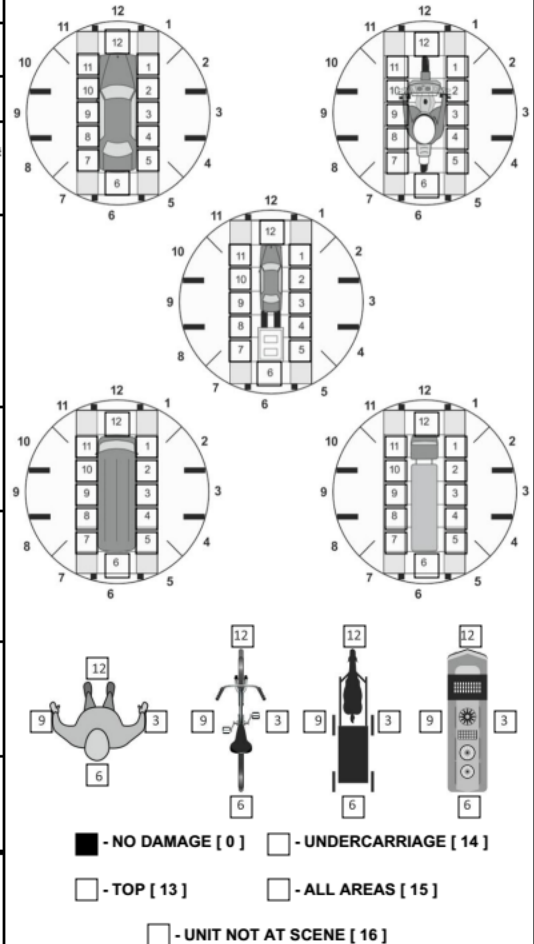
|                                                                                                                                       |                                                                                                 |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>TOWE, HOLLY LYNN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>29029 ST JOE DR, WEST HARRISON, IN 47060       |                                                                                                 |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                 | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>IN                                                                                                                        | LICENSE PLATE #<br>TK37800U                                                                     | VEHICLE IDENTIFICATION #<br>3GTP2VE79CG108743                          |
| VEHICLE YEAR<br>2012                                                                                                                  |                                                                                                 | VEHICLE MAKE<br>GMC                                                    |
| INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                        | INSURANCE COMPANY<br>STATE FARM                                                                 | INSURANCE POLICY #<br>7239878B2514C                                    |
| COLOR<br>White                                                                                                                        |                                                                                                 | VEHICLE MODEL<br>Sierra                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                 |                                                                        |
| US DOT #                                                                                                                              |                                                                                                 |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                 |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                                 |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                 |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                 |                                                                        |
| # OCCUPANTS<br>3                                                                                                                      |                                                                                                 |                                                                        |
| UNIT TYPE<br>4                                                                                                                        |                                                                                                 |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                 |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                 |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                 |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                 |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                 |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                 |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                                 |                                                                        |
| ACTION<br>4                                                                                                                           |                                                                                                 |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                       |                                                                                                 |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                 |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                 |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                 |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                 |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                                 |                                                                        |

## DAMAGE

## DAMAGE SCALE

- |   |                              |                                               |
|---|------------------------------|-----------------------------------------------|
| 1 | 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

- |   |                                                           |                                                                 |
|---|-----------------------------------------------------------|-----------------------------------------------------------------|
| 6 | 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<br>2                         | TRAFFIC CONTROL<br>6     |
| # OF THROUGH LANES ON ROAD<br>4              | RAIL GRADE CROSSING<br>1 |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2 |                          |
| UNIT SPEED<br>5                              | DETECTED SPEED<br>1      |
| POSTED SPEED<br>35                           |                          |





| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | ALADE, EMMANUEL OYEBODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                               |                                                                                                            | 06/10/1995                                                                                                                                                                   |                  | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 2355 WHITEWOOD LN, CINCINNATI, OH 45239                                                                                                                                                                                                                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 4                                                                                                          |                                                                                                                                                                              | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 333.03a                                                                                                                                       |                                                                                                            | ACDA                                                                                                                                                                         |                  | 2400045504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              | 1                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | .                                                                                                                                                                                                                                                                                                                                                                                              | 1      | 1                                                                                                                                                            |                       |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |          | TOWE, HOLLY LYNN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                                               |                                                                                                            | 12/23/1983                                                                                                                                                                   |                  | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 29029 ST JOE DR, WEST HARRISON, IN 47060                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 4                                                                                                          |                                                                                                                                                                              | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | IN       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              | 1                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | .                                                                                                                                                                                                                                                                                                                                                                                              | 1      | 1                                                                                                                                                            |                       |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              |                  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | .                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |  |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |          | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | AIR BAG                                                                                                                                       |                                                                                                            | OL CLASS                                                                                                                                                                     |                  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |        | TEST STATUS                                                                                                                                                  |                       |  |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |          | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                            | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                                                                                            | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                           |                  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |          | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |        | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |                       |  |  |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | EJECTION                                                                                                                                      |                                                                                                            | OL ENDORSEMENT                                                                                                                                                               |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | ALCOHOL TEST TYPE                                                                                                                                            |                       |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                                                                            | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                       |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                                                                            | GENDER                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |        | DRUG TEST TYPE                                                                                                                                               |                       |  |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                            |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | DRUG TEST RESULT(S)                                                                                                                                          |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                       |  |  |  |

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR24-001511

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                        | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>29029 ST JOE DR, WEST HARRISON, IN 47060 |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                        | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                        | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                        | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b>                                                                      | <b>INJURED TAKEN BY</b>                                                                | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                      |                                                                                        |                                    |                                                        |                              |                                                  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                          | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                               | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                         | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                          | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                     | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                      | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                        | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                             | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | 99 - OTHER / UNKNOWN                                                                   | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                     |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                             |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                     |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                             |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                     |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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