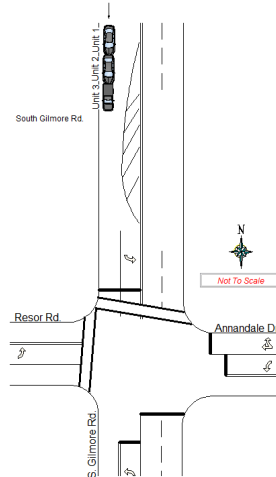


|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                  |                                           | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                         | LOCAL INFORMATION                              |                                                                                                                                                                                | IR24-002430                        |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
| REPORTING AGENCY NAME*                                                                                                                                                                                                                                                                                                             |                                           | NCIC*                                                                                                                                                                                                                                                   |                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                         |                                    | NUMBER OF UNITS<br>3                                                                                                                                                                                                                                                                              | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                        |                                                                                                                                               |              |
| Fairfield Police Department                                                                                                                                                                                                                                                                                                        |                                           | 00901                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
| COUNTY*                                                                                                                                                                                                                                                                                                                            | LOCALITY*                                 | LOCATION: CITY, VILLAGE, TOWNSHIP*                                                                                                                                                                                                                      |                                                |                                                                                                                                                                                | CRASH DATE/TIME*                   |                                                                                                                                                                                                                                                                                                   | CRASH SEVERITY                                                                                                                        |                                                                                                                                               |              |
| 09                                                                                                                                                                                                                                                                                                                                 | 1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | Fairfield                                                                                                                                                                                                                                               |                                                |                                                                                                                                                                                | 05/03/2024 15:56                   |                                                                                                                                                                                                                                                                                                   | 5 1 - FATAL<br>2 - SERIOUS INJURY<br>SUSPECTED<br>3 - MINOR INJURY<br>SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY<br>DAMAGE ONLY |                                                                                                                                               |              |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                              | PREFIX                                                                                                                                                                                                                                                  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME                                                                                                                                                             |                                    | ROAD TYPE                                                                                                                                                                                                                                                                                         | LATITUDE                                                                                                                              |                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         |                                                | South Gilmore                                                                                                                                                                  |                                    | RD                                                                                                                                                                                                                                                                                                | 39.319738                                                                                                                             |                                                                                                                                               |              |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                              | PREFIX                                                                                                                                                                                                                                                  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                  |                                    | ROAD TYPE                                                                                                                                                                                                                                                                                         | LONGITUDE                                                                                                                             |                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         |                                                | Resor                                                                                                                                                                          |                                    | RD                                                                                                                                                                                                                                                                                                | -84.522362                                                                                                                            |                                                                                                                                               |              |
| REFERENCE POINT                                                                                                                                                                                                                                                                                                                    |                                           | DIRECTION FROM REFERENCE                                                                                                                                                                                                                                |                                                | ROUTE TYPE                                                                                                                                                                     |                                    | ROAD TYPE                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                                                                               |              |
| 1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                 |                                           | 1 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                        |                                                | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY<br>ROUTE<br>TR - NUMBERED TOWNSHIP<br>ROUTE                                    |                                    | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                                                       |                                                                                                                                               |              |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                            |                                           | DISTANCE UNIT OF MEASURE                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                |                                    | INTERSECTION RELATED                                                                                                                                                                                                                                                                              |                                                                                                                                       |                                                                                                                                               |              |
| 400                                                                                                                                                                                                                                                                                                                                |                                           | 2 1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                                    |                                                |                                                                                                                                                                                |                                    | WITHIN INTERSECTION OR ON APPROACH<br>WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4                                                                                                                                                                                                        |                                                                                                                                       |                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                |                                    | ROADWAY<br>ROADWAY DIVIDED                                                                                                                                                                                                                                                                        |                                                                                                                                       |                                                                                                                                               |              |
| LOCATION OF FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                    |                                           | MANNER OF CRASH COLLISION/IMPACT                                                                                                                                                                                                                        |                                                | DIRECTION OF TRAVEL                                                                                                                                                            |                                    | MEDIAN TYPE                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                                                               |              |
| 1 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR<br>TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                           | 2 1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>DIRECTION<br>9 - OTHER/UNKNOWN |                                                | 1 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                               |                                    | 1 1 - DIVIDED FLUSH MEDIAN<br>(< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>(ANY TYPE)<br>9 - OTHER/UNKNOWN                                                                                                               |                                                                                                                                       |                                                                                                                                               |              |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                              |                                           | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING<br>WORK<br>5 - OTHER                                                                                                   |                                                | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                    | CONTOUR<br>2                                                                                                                                                                                                                                                                                      |                                                                                                                                       | CONDITIONS<br>2                                                                                                                               | SURFACE<br>2 |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                     |                                           | WEATHER<br>4 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN                |                                                | 1 - STRAIGHT<br>LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/<br>UNKNOWN                                                                  |                                    | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                             |                                                                                                                                       | 1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER/<br>UNKNOWN |              |
| NARRATIVE<br>On 05/03/24 at 3:56 P.M. Unit 1 was traveling south on South Gilmore Rd. Unit 2 was slowing/stopped traveling South on South Gilmore Rd. for traffic. Unit 1 failed to assure cleared distance ahead of Unit 2. Unit 1 struck Unit 2 in the rear. This caused Unit 2 to strike Unit 3 in the rear.                    |                                           |                                                                                                                                                                                                                                                         |                                                | DIAGRAM<br>                                                                               |                                    |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
| CRASH REPORTED DATE/TIME                                                                                                                                                                                                                                                                                                           |                                           | DISPATCH DATE/TIME                                                                                                                                                                                                                                      |                                                | ARRIVAL DATE/TIME                                                                                                                                                              |                                    | SCENE CLEARED DATE/TIME                                                                                                                                                                                                                                                                           |                                                                                                                                       | REPORT TAKEN BY                                                                                                                               |              |
| 05/03/2024 15:56                                                                                                                                                                                                                                                                                                                   |                                           | 05/03/2024 15:58                                                                                                                                                                                                                                        |                                                | 05/03/2024 16:07                                                                                                                                                               |                                    | 05/03/2024 16:35                                                                                                                                                                                                                                                                                  |                                                                                                                                       | POLICE AGENCY<br>MOTORIST                                                                                                                     |              |
| TOTAL TIME<br>ROADWAY CLOSED                                                                                                                                                                                                                                                                                                       | OTHER<br>INVESTIGATION TIME               | TOTAL<br>MINUTES                                                                                                                                                                                                                                        | OFFICER'S NAME*                                |                                                                                                                                                                                | CHECKED BY OFFICER'S NAME*         |                                                                                                                                                                                                                                                                                                   | SUPPLEMENT<br>(CORRECTION OR<br>ADDITION TO AN EXISTING<br>REPORT SENT TO ODPS)                                                       |                                                                                                                                               |              |
| 0                                                                                                                                                                                                                                                                                                                                  | 30                                        | 67                                                                                                                                                                                                                                                      | Miller, Dylan                                  |                                                                                                                                                                                | Roush, Alexander                   |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         | OFFICER'S BADGE NUMBER*                        |                                                                                                                                                                                | CHECKED BY OFFICER'S BADGE NUMBER* |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                         | 167                                            |                                                                                                                                                                                | 170                                |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                               |              |

IR24-002430

|                                                                                                                                       |                                                                                               |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>WHEELER, ROBIN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1760 BERKLEY AVE, CINCINNATI, OH 45237         |                                                                                               |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HXA7076                                                                    | VEHICLE IDENTIFICATION #<br>5XYKWDA72FG653068                          |
| VEHICLE YEAR<br>2015                                                                                                                  | VEHICLE MAKE<br>Kia                                                                           |                                                                        |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>STATE FARM INSURANCE                                                     | INSURANCE POLICY #<br>3859729-SFP-35                                   |
| COLOR<br>Silver                                                                                                                       | VEHICLE MODEL<br>Sorento                                                                      |                                                                        |
| 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>3                                                                                                                      |                                                                                               |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                               |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                               |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                               |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                               |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                               |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                               |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                               |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                               |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                               |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>8                                                                                                       |                                                                                               |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                               |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                               |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                               |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                               |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                               |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]  
☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]  
☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>3                                                                                                                                             | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                              |
| UNIT SPEED<br>15                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                              |

IR24-002430

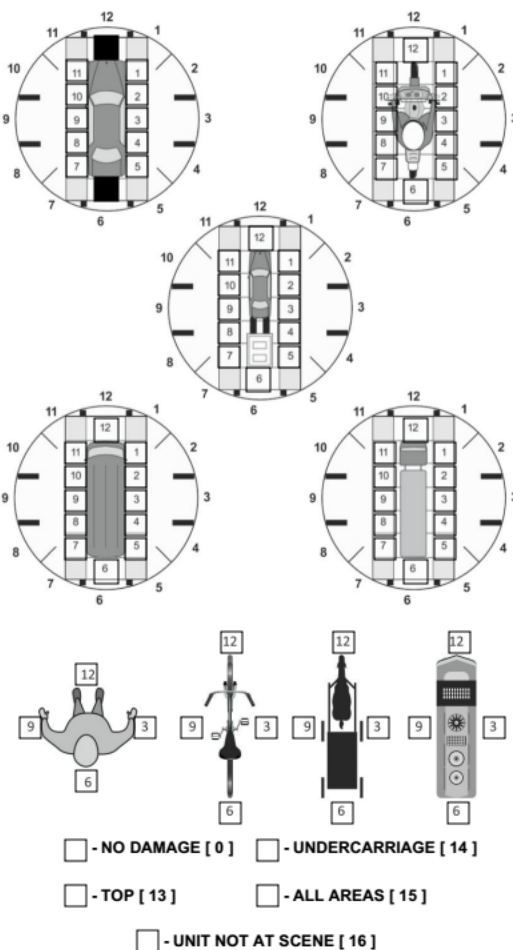
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>HATCHER, DONTE LAMAR | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>3182 ROESCH BLVD Apt 8, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>HYW1168                                                                          | VEHICLE IDENTIFICATION #<br>55SWF4KB1GU177620                          |
| VEHICLE YEAR<br>2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | VEHICLE MAKE<br>Mercedes-Be                                            |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>STATE FARM INSURANCE                                                           | INSURANCE POLICY #<br>4030417-SFP-35                                   |
| COLOR<br>Silver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | VEHICLE MODEL<br>C300                                                  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                        |
| UNIT TYPE<br>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 - WHEELED<br>10 - AUTOCYCLE<br>11 - MOPED OR MOTORIZED BICYCLE<br>12 - ALL TERRAIN VEHICLE (ATV/UTV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - STRAIGHT AHEAD<br>11 - CHANGING LANES<br>12 - OVERTAKING/ PASSING<br>13 - ENTERING TRAFFIC<br>14 - BACKING<br>15 - LEAVING TRAFFIC<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - 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 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                               |                                                                                                     |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                     |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

3

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

10

## DETECTED SPEED

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

## POSTED SPEED

35

IR24-002430

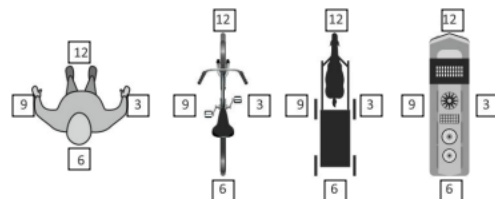
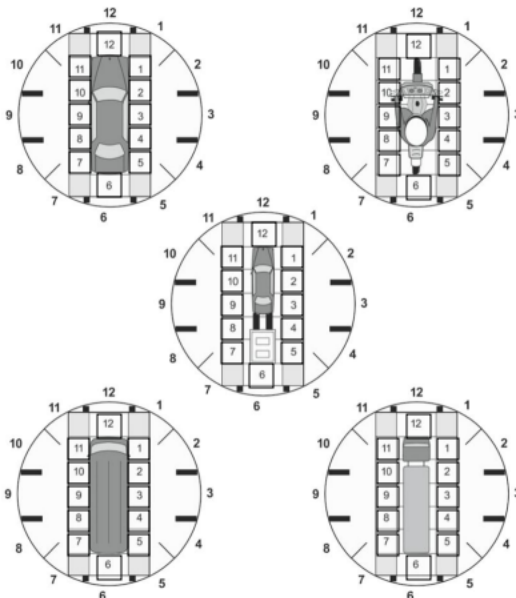
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>COOK, CHRISTOPHER P | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>7 FALCON LN, CINCINNATI, OH 45218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                             |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE #<br>JJN3701                                                                         | VEHICLE IDENTIFICATION #<br>5FPYK3F6XKB011089                                           |
| VEHICLE YEAR<br>2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | VEHICLE MAKE<br>Honda                                                                   |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSURANCE COMPANY<br>GEICO INSURANCE                                                               | INSURANCE POLICY #<br>6033580447                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | US DOT #                                                                                |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    | HIT/SKIP UNIT <input type="checkbox"/>                                                  |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | TOWED BY: COMPANY NAME                                                                  |
| UNIT TYPE<br>4<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                    |                                                                                         |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                         |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0<br>AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                         |
| SPECIAL FUNCTION<br>1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                         |
| CARGO BODY TYPE<br>1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                         |
| VEHICLE DEFECTS<br>1<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                         |
| NON-MOTORIST LOCATION AT IMPACT<br>1<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                         |
| ACTION<br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - STRAIGHT AHEAD<br>11 - CHANGING LANES<br>12 - OVERTAKING/ PASSING<br>13 - ENTERING TRAFFIC<br>14 - BACKING<br>15 - LEAVING TRAFFIC<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - ENTERING OR LEAVING CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                           |                                                                                                    |                                                                                         |
| CONTRIBUTING CIRCUMSTANCES<br>1<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                    |                                                                                         |
| SEQUENCE OF EVENTS<br>1<br>20<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<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>4<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                    |                                                                                         |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                         |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

- NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ] - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

3

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

35



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | WHEELER, LOUIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                               |                                                                                                            | 10/13/1955                                                                                                                                                                   |                  | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 1760 BERKLEY AVE, CINCINNATI, OH 45237                                                                                                                                                                                                                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                                         |                  | 2400080702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                          |          | HATCHER, DONTE LAMAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                               |                                                                                                            | 01/13/1982                                                                                                                                                                   |                  | 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 3182 ROESCH BLVD Apt 8, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 1        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 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   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                          |          | COOK, CHRISTOPHER P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                               |                                                                                                            | 02/09/1976                                                                                                                                                                   |                  | 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 7 FALCON LN, CINCINNATI, OH 45218                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | KY       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 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                                                                                                                                                            |                       |  |  |  |
| 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\***

IR24-002430

|                 |                                                                                        |                                                      |                          |                                                        |                                          |                                                  |                              |                           |                      |
|-----------------|----------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|--------------------------------------------------------|------------------------------------------|--------------------------------------------------|------------------------------|---------------------------|----------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>WHEELER, ROBIN   |                          |                                                        | <b>DATE OF BIRTH</b><br>03/22/1956       |                                                  | <b>AGE</b><br>68             | <b>GENDER</b><br>F        |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1760 BERKLEY AVE, CINCINNATI, OH 45237     |                                                      |                          |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                              |                           |                      |
|                 | <b>INJURIES</b><br>5                                                                   | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>4        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1                                                                     | <b>NAME: LAST, FIRST, MIDDLE</b><br>SIMMONS, SILVA L |                          |                                                        | <b>DATE OF BIRTH</b><br>01/21/1954       |                                                  | <b>AGE</b><br>70             | <b>GENDER</b><br>F        |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3570 MCHENRY AVE #10, CINCINNATI, OH 45225 |                                                      |                          |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                              |                           |                      |
|                 | <b>INJURIES</b><br>5                                                                   | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>4        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>4 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                     |                          |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                               |                                                      |                          |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                              |                           |                      |
|                 | <b>INJURIES</b>                                                                        | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      |
| <b>OCCUPANT</b> | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                     |                          |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                               |                                                      |                          |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                              |                           |                      |
|                 | <b>INJURIES</b>                                                                        | <b>INJURED TAKEN BY</b>                              | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      |

| 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                 |
| <b>INJURED TAKEN BY</b>                | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | <b>EJECTION</b>                    |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                                                     | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT                                                                      | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | <b>TRAPPED</b>                     |
| M - MALE                               |                                               | 13 - TRAILING UNIT                                                                     | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                        |                                               | 15 - NON-MOTORIST                                                                      | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                        |                                               | 99 - OTHER / UNKNOWN                                                                   |                                    |

|                |                                          |                                          |            |               |
|----------------|------------------------------------------|------------------------------------------|------------|---------------|
| <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> |
|                | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |            |               |