



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

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                  |                                                           | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION                                                                                                                                                                                                                                                            |                                                                                                                                                                                  | IR24-003341                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                 | NCIC*<br>00901                                                                                                                                                                                                                                                               |                                                                                                                                                                                  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                                                                                         | NUMBER OF UNITS<br>2                                                                                                 | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                    |                                                                                                                                                                                          |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                      | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | CRASH DATE/TIME*<br>06/18/2024 21:36                                                                                                                                                                                                                                                                           |                                                                                                                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                    |                                                                                                                                                                                          |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                   | ROUTE NUMBER<br>4B                                        | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                        | LOCATION ROAD NAME                                                                                                                                                                                                                                                           |                                                                                                                                                                                  | LATITUDE<br>39.335902                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                                              | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Union                                                                                                                                                                                                                  |                                                                                                                                                                                  | LONGITUDE<br>-84.502477                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                                              | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Union                                                                                                                                                                                                                  |                                                                                                                                                                                  | LONGITUDE<br>-84.502477                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                           |                                                           | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2                                                                                                 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                          |                                                                                                                                                                                  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                                      | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4 |                                                                                                                                                                                          |
| DISTANCE FROM REFERENCE<br>20                                                                                                                                                                                                                                                                                                                                      |                                                           | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                             |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - 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>1<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                                           |                                                                                                                                                                                 | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN<br>2 |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                           |                                                                                                                                                                      | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                          |                                                           | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER<br>1                            |                                                                                                                                                                                                                                                                              | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA<br>1 |                                                                                                                                                                                                                                                                                                                | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                        |
| LIGHT CONDITION<br>1 - 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<br>3                                                                                                                                                                                  |                                                           |                                                                                                                                                                                 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN<br>1                                     |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| NARRATIVE<br>On 6/18/2024 at around 9:36 P.M., Units 1 and 2 were traveling northbound on SR4B near Port Union Rd. Unit 2 stopped for the traffic signal. Unit 1 failed to assure a clear distance ahead, striking Unit 2.                                                                                                                                         |                                                           |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |
| CRASH REPORTED DATE/TIME<br>06/18/2024 21:36                                                                                                                                                                                                                                                                                                                       |                                                           | DISPATCH DATE/TIME<br>06/18/2024 21:38                                                                                                                                          |                                                                                                                                                                                                                                                                              | ARRIVAL DATE/TIME<br>06/18/2024 21:49                                                                                                                                            |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>06/18/2024 22:04                                                                          |                                                                                                                                                                      | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                           |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                     | OTHER INVESTIGATION TIME<br>0                             | TOTAL MINUTES<br>26                                                                                                                                                             | OFFICER'S NAME*<br>Mitchell, Joseph III                                                                                                                                                                                                                                      |                                                                                                                                                                                  | CHECKED BY OFFICER'S NAME*<br>Finley, Sarah                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                      | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                 | OFFICER'S BADGE NUMBER*<br>171                                                                                                                                                                                                                                               |                                                                                                                                                                                  | CHECKED BY OFFICER'S BADGE NUMBER*<br>163                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                          |

IR24-003341

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| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SNK HOLDINGS LTD RPATEL | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1234 OMNIPLEX DR, CINCINNATI, OH 45240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JZE5978                                                                             | VEHICLE IDENTIFICATION #<br>KMH164JA4PA257155                          |
| VEHICLE YEAR<br>2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | VEHICLE MAKE<br>Hyundai                                                |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>NATIONWIDE INSURANCE CO                                                           | INSURANCE POLICY #<br>9234J419899                                      |
| COLOR<br>Green, Lig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | VEHICLE MODEL<br>Sonata                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                        |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC<br>14 - LEAVING TRAFFIC<br>15 - PARKED<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                             |                                                                                                        |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                        |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - 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☐ - 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  
2 1 - ONE-WAY  
2 - TWO-WAYTRAFFIC CONTROL  
2 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL# OF THROUGH LANES ON ROAD  
4RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

5

## DETECTED SPEED

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

## POSTED SPEED

50

IR24-003341

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>PAYTON, TONYIA RAEISHA JESON | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>5250 RIVER RIDGE DR, LIBERTY TWP, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JTK7529                                                                                  | VEHICLE IDENTIFICATION #<br>3FA6P0HD6KR130130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| VEHICLE YEAR<br>2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | VEHICLE MAKE<br>Ford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                                  | INSURANCE POLICY #<br>944925854                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | 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>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC FROM A PARKED POSITION<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDSTILL 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20                                                                                                          | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 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 1 MOST HARMFUL EVENT 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

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

## # OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

50

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                                                                   | 5945 FURLONG WAY, LIBERTY TWP, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        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                                       | EMS AGENCY (NAME)                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE        | EJECTION     | TRAPPED |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                  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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL<br/>2 - SUSPECTED SERIOUS INJURY<br/>3 - SUSPECTED MINOR INJURY<br/>4 - POSSIBLE INJURY<br/>5 - NO APPARENT INJURY</td> <td>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</td> <td>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</td> <td>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</td> <td>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 &amp; 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 WITHOUT AIR BRAKES<br/>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br/>16 - OUTSIDE MIRROR<br/>17 - PROSTHETIC AID<br/>18 - OTHER</td> <td>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</td> <td>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</td> </tr> <tr> <td>INJURED TAKEN BY<br/>1 - NOT TRANSPORTED / TREATED AT SCENE<br/>2 - EMS<br/>3 - POLICE<br/>9 - OTHER / UNKNOWN</td> <td></td> <td>EJECTION<br/>1 - NOT EJECTED<br/>2 - PARTIALLY EJECTED<br/>3 - TOTALLY EJECTED<br/>4 - NOT APPLICABLE</td> <td>OL ENDORSEMENT<br/>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 &amp; TRIPLE TRAILERS<br/>X - TANKER / HAZMAT</td> <td></td> <td></td> <td>ALCOHOL TEST TYPE<br/>1 - NONE<br/>2 - BLOOD<br/>3 - URINE<br/>4 - 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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 - 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TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN |  | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE | OL ENDORSEMENT<br>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 |  |  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | SAFETY EQUIPMENT<br>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 |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - 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| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AIR BAG                                                                                                                                       | OL CLASS                                                                                                                                                                                       | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             | TEST STATUS                                                                                                                                                                         |                       |                          |                  |                      |              |         |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                  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                            |                                                                   |  |  |  |  |  |  |                                                                                                                                                                                     |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 - 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| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EJECTION<br>1 - 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NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                  |                       |                          |                  |                      |              |         |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                            |  |                                                                                                   |                                                                                                                                                                                                |  |  |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |                                                         |  |                                                                                                                                                                                                                                                                  |                                                                   |  |  |  |  |  |  |                                                                                                                                                                                     |
| SAFETY EQUIPMENT<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                         | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - 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                                                                                                                                                                                                                | DRUG TEST RESULT(S)<br>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 |                       |                          |                  |                      |              |         |          |                       |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                  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# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR24-003341

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| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                                                                                                                          | 2                                        | PAYTON, JRU                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 05/13/2017                                                                                                                                                                                                                                                                                                                                                                |                                                  | 7                       | M                    |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                                                                                                                                                                                                                                                  |                                                  |                         |                      |                 |                |
| 5250 RIVER RIDGE DR, FAIRFIELD TWP, OH 45011                                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| 5                                                                                                                        |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7                                                                                                                                                                                                                                                                                                                                                                         |                                                  | 4                       | 1                    | 1               | 1              |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                                                                                                                                                                                                                                                  |                                                  |                         |                      |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                                                                                                                                                                                                                                                  |                                                  |                         |                      |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                                                                                                                                                                                                                                                                                                                                  |                                                  |                         |                      |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>INJURIES</b>                                                                                                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>INJURY</b>                                                                                                            |                                          | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>SEATING POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>AIR BAG USAGE</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  |                         |                      |                 |                |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                          | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN<br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |                                                  |                         |                      |                 |                |
| <b>INJURED TAKEN BY</b>                                                                                                  |                                          | <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |                                          | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>DATE OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |
|                                                                                                                          | <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>                                                                                                                                                                                                                                                                                                                                  |                                                  |                         |                      |                 |                |
|                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                         |                      |                 |                |