

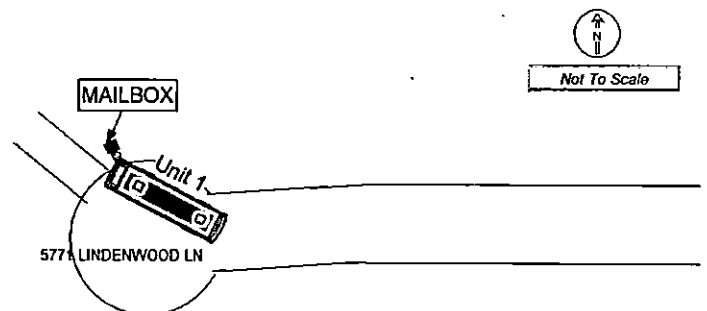
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| <input checked="" 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  |  | IR24-004629  |  |  |  |
| 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>08/26/2024 14:07   |  |  |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | ROUTE NUMBER<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>LINDENWOOD   |  | ROAD TYPE<br>LA  | LATITUDE<br>39.328228  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |
| DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   | 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 - LAKE<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 |  | 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  |  |  |  |
| 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 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>3 - REAR-TO-REAR<br>4 - BACKING<br>5 - ANGLE<br>6 - SIDESWIPE, SAME DIRECTION<br>7 - SIDESWIPE, OPPOSITE DIRECTION<br>8 - OTHER/UNKNOWN<br>1 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | 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 |  |  |
| 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 SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA  |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN<br>1  | CONDITIONS<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<br>1 | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN<br>2  |
| 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>1      |  | 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 08-26-24 at 2:07 P.M., Unit 1 was backing up westbound at 5771 Lindenwood Ln when the vehicle ran off the road and struck a mailbox. The driver was cited for improper backing.<br><br>Owner of the mailbox is Aryah Coffey<br>5771 Lindenwood Ln.<br>Fairfield OH 45014 |  |  |  |  |
| CRASH REPORTED DATE/TIME<br>08/26/2024 14:07   |  | DISPATCH DATE/TIME<br>08/26/2024 14:09   |  | ARRIVAL DATE/TIME<br>08/26/2024 14:21  |  | SCENE CLEARED DATE/TIME<br>08/26/2024 14:38  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>0  |  | TOTAL MINUTES<br>29  |  | OFFICER'S NAME*<br>Buttelwerth, Thomas<br>OFFICER'S BADGE NUMBER*<br>179   |  | CHECKED BY OFFICER'S NAME*<br>Wolfe, Bradley<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>103  |

## DIAGRAM



IR24-004629

|  |  |   |   |               |
|--|--|---|---|---------------|
| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )  |   | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER          |               |
| 1  | FAIRFIELD CITY SCHOOL DISTRICT ADMIN   |   |   |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                    |  |   |   |               |
| 4641 BACH LN, FAIRFIELD, OH 45014  |  |   |   |               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                     |               |
| FAIRFIELD CITY SCHOOL DISTRICT ADMIN, 4641 BACH LN, FAIRFIELD, OH 45014  |  |   |   |               |
| LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #                                    | VEHICLE YEAR  | VEHICLE MAKE  |
| OH   | 22623  | 4DRBUAAN3EB776031   | 2014  | IBUS          |
| INSURANCE VERIFIED   | INSURANCE COMPANY  | INSURANCE POLICY #  | COLOR   | VEHICLE MODEL |
| <input type="checkbox"/>   | AMERICAN FAMILY INSURANCE  | Q-07527   | Yellow  | Bus           |
| TYPE OF USE  |  | US DOT #  | TOWED BY: COMPANY NAME  |               |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |   |   |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              |  | VEHICLE WEIGHT GVWR/GCWR                                    | HAZARDOUS MATERIAL  |               |
| # OCCUPANTS  |  | 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. | <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # |               |
| 55   |  | 3   | <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD              |               |
| UNIT TYPE  |  |   |   |               |
| 19   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>7 - MOTORCYCLE<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  |   |   |               |
| 0  | # OF TRAILING UNITS  |   |   |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  |   |   |               |
| 2  | 1 - YES 2 - NO 9 - OTHER/UNKNOWN   |   |   |               |
| AUTONOMOUS MODE LEVEL  |  |   |   |               |
| 0  | 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   |  |   |   |               |
| 4  | 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  |  |   |   |               |
| 2  | 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 - GRAINCHIPS/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  |  |   |   |               |
|  | 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  |  |   |   |               |
|  | 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   |  |   |   |               |
| 3  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>2 - PRE-CRASH ACTIONS<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<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 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN  |   |   |               |
| CONTRIBUTING CIRCUMSTANCES   |  |   |   |               |
| 12   | 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  | 9 - 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  | 2 MOST HARMFUL EVENT   |   |   |               |

|  |   |
|--|---|
| DAMAGE   |   |
| DAMAGE SCALE   |   |
| 3  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT   |   |
| 7  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN            |
| TRAFFIC  |   |
| TRAFFICWAY FLOW  | TRAFFIC CONTROL   |
| 2  | 1 - ONE-WAY<br>2 - TWO-WAY<br>6   |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING   |
| 2  | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION  |   |
| FROM 3 TO 4  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |
| UNIT SPEED   | DETECTED SPEED  |
| 3  | 1   |
| POSTED SPEED   | 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |
| 25   |   |



## MOTORIST / NON-MOTORIST

| LOCAL REPORT NUMBER*   |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|--|----------------------------|----------------------------|-----------------|---|--|-------------------------------|-------------------------|------------------|---------------|--------------|---------|--|-----------------------|--|--|--|--|---|--|--|--|--|--|-------------------|--|----------------|--|-----------|--|---------------------|--|
| UNIT #   | NAME: LAST, FIRST, MIDDLE  |                            |                 |   | DATE OF BIRTH  |                               | AGE                     | GENDER           |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 1  | RAINS, RAY                 |                            |                 |   | 08/21/1944   |                               | 80                      | M                |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                            |                            |                 |   | CONTACT PHONE - INCLUDE AREA CODE  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 5814 FLAIG DR, FAIRFIELD, OH 45014   |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| INJURIES   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED         | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 5  |                            |                            |                 |   |  | 4                             |                         | 1                | 1             | 1            | 1       |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL STATE   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |   | LOCAL CODE   | OFFENSE DESCRIPTION           |                         | CITATION NUMBER  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OH   |                            |                            | 331.13a         |   |  | Starting and Backing Vehicles |                         | 2400177952       |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                               | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 2  |                            |                            |                 | 7   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                               | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE   | RESULT SELECT UP TO 4 |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         | 1                | 1             | .            | 1       | 1  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE  |                            |                 |   | DATE OF BIRTH  |                               | AGE                     | GENDER           |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                            |                            |                 |   | CONTACT PHONE - INCLUDE AREA CODE  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| INJURIES   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED         | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL STATE   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |   | LOCAL CODE   | OFFENSE DESCRIPTION           |                         | CITATION NUMBER  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                               | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                               |                         | STATUS           | TYPE          | VALUE        | STATUS  | TYPE   | RESULT SELECT UP TO 4 |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE  |                            |                 |   | DATE OF BIRTH  |                               | AGE                     | GENDER           |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                            |                            |                 |   | CONTACT PHONE - INCLUDE AREA CODE  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| INJURIES   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED         | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL STATE   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |   | LOCAL CODE   | OFFENSE DESCRIPTION           |                         | CITATION NUMBER  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                               | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                               |                         | STATUS           | TYPE          | VALUE        | STATUS  | TYPE   | RESULT SELECT UP TO 4 |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
|  |                            |                            |                 |   |  |                               |                         |                  |               |              |         |  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| INJURIES   |                            |                            |                 |   |  |                               |                         |                  |               |              |         | SEATING POSITION   |                       | AIR BAG  |  | OL CLASS   |  | OL RESTRICTION(S)   |  | DRIVER DISTRACTION   |  | TEST STATUS  |  |                   |  |                |  |           |  |                     |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |                            |                            |                 |   |  |                               |                         |                  |               |              |         | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                       | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN  |  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - COL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |  | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  | ALCOHOL TEST TYPE |  | DRUG TEST TYPE |  | CONDITION |  | DRUG TEST RESULT(S) |  |
| INJURED TAKEN BY   |                            |                            |                 |   |  |                               |                         |                  |               |              |         | EJECTION   |                       | OL ENDORSEMENT   |  | GENDER   |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |                            |                            |                 |   |  |                               |                         |                  |               |              |         | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |                       | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS / HAZMAT<br>X - TANKER / HAZMAT |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| SAFETY EQUIPMENT   |                            |                            |                 |   |  |                               |                         |                  |               |              |         | TRAPPED  |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                            |                            |                 |   |  |                               |                         |                  |               |              |         | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |                       |  |  |  |  |   |  |  |  |  |  |                   |  |                |  |           |  |                     |  |