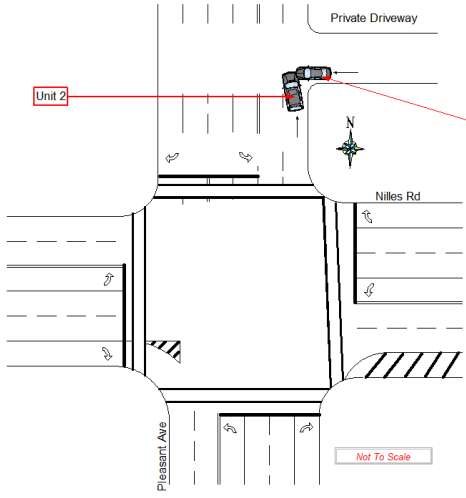


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| <div> <div> <div> <div> <div>PHOTOS TAKEN</div> <div>SECONDARY CRASH</div> </div> <div> <div>OH-2</div> <div>OH-1P</div> <div>PRIVATE PROPERTY</div> </div> <div> <div>OH-3</div> <div>OTHER</div> </div> </div> </div> <div> <div>LOCAL INFORMATION</div> <div> <div>REPORTING AGENCY NAME*</div> <div>Fairfield Police Department</div> </div> <div> <div>NCIC*</div> <div>00901</div> </div> </div> </div>                                                                                                 |                                                   |                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                   | <div>LOCAL REPORT NUMBER*</div> <div>IR24-004801</div>                                                                                                                                                                                                         |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>COUNTY*</div> <div>09</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <div>LOCALITY*</div> <div>1</div> <div>1 - CITY</div> <div>2 - VILLAGE</div> <div>3 - TOWNSHIP</div>                                                                                               |                                                                                                     | <div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div> <div>Fairfield</div>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>CRASH DATE/TIME*</div> <div>09/03/2024 16:03</div>                                                                                                                                                                                               |                                                                                   | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>4</div>                                      |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LOCATION</div> <div>REFERENCE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div>ROUTE TYPE</div> <div>US</div>               | <div>ROUTE NUMBER</div> <div>127</div>                                                                                                                                                             | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>LOCATION ROAD NAME</div>                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div>                                                                                                                                                                                                                                  | <div>LATITUDE</div> <div>39.338120</div>                                          |                                                                                                                                                                                                                                                                | <div>CRASH SEVERITY</div> <div> <div>1 - FATAL</div> <div>2 - SERIOUS INJURY SUSPECTED</div> <div>3 - MINOR INJURY SUSPECTED</div> <div>4 - INJURY POSSIBLE</div> <div>5 - PROPERTY DAMAGE ONLY</div> </div> <div>4</div> |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div>ROUTE TYPE</div>                             | <div>ROUTE NUMBER</div>                                                                                                                                                                            | <div>PREFIX</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div> | <div>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</div> <div>Nilles</div>                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROAD TYPE</div> <div>RD</div>                                                                                                                                                                                                                    | <div>LONGITUDE</div> <div>-84.560030</div>                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>REFERENCE POINT</div> <div>1</div> <div>1 - INTERSECTION</div> <div>2 - MILE POST</div> <div>3 - HOUSE #</div>                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | <div>DIRECTION FROM REFERENCE</div> <div>1</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                 |                                                                                                     | <div>ROUTE TYPE</div> <div>IR - INTERSTATE ROUTE (TP)</div> <div>US - FEDERAL US ROUTE</div> <div>SR - STATE ROUTE</div> <div>CR - NUMBERED COUNTY ROUTE</div> <div>TR - NUMBERED TOWNSHIP ROUTE</div>                                                                                                                                                                  |  | <div>ROAD TYPE</div> <div>AL - ALLEY</div> <div>AV - AVENUE</div> <div>BL - BOULEVARD</div> <div>CR - CIRCLE</div> <div>CT - COURT</div> <div>DR - DRIVE</div> <div>HE - HEIGHTS</div> <div>HW - HIGHWAY</div> <div>LA - LANE</div> <div>MP - MILEPOST</div> <div>OV - OVAL</div> <div>PK - PARKWAY</div> <div>PI - PIKE</div> <div>PL - PLACE</div> <div>RD - ROAD</div> <div>SQ - SQUARE</div> <div>ST - STREET</div> <div>TE - TERRACE</div> <div>TL - TRAIL</div> <div>WA - WAY</div> |  | <div>INTERSECTION RELATED</div> <div> <div>WITHIN INTERSECTION OR ON APPROACH</div> <div>WITHIN INTERCHANGE AREA</div> </div> <div>NUMBER OF APPROACHES</div>                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>DISTANCE FROM REFERENCE</div> <div>90</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <div>DISTANCE UNIT OF MEASURE</div> <div>2</div> <div>1 - MILES</div> <div>2 - FEET</div> <div>3 - YARDS</div>                                                                                     |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>ROADWAY</div> <div>ROADWAY DIVIDED</div>                                                                                                                                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LOCATION OF FIRST HARMFUL EVENT</div> <div>1</div> <div>1 - ON ROADWAY</div> <div>2 - ON SHOULDER</div> <div>3 - IN MEDIAN</div> <div>4 - ON ROADSIDE</div> <div>5 - ON GORE</div> <div>6 - OUTSIDE TRAFFIC WAY</div> <div>7 - ON RAMP</div> <div>8 - OFF RAMP</div> <div>9 - CROSSOVER</div> <div>10 - DRIVEWAY/ALLEY ACCESS</div> <div>11 - RAILWAY GRADE CROSSING</div> <div>12 - SHARED USE PATHS OR TRAILS</div> <div>13 - BIKE LANE</div> <div>14 - TOLL BOOTH</div> <div>99 - OTHER/UNKNOWN</div> |                                                   |                                                                                                                                                                                                    |                                                                                                     | <div>MANNER OF CRASH COLLISION/IMPACT</div> <div>6</div> <div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div> <div>2 - REAR-END</div> <div>3 - HEAD-ON</div> <div>4 - REAR-TO-REAR</div> <div>5 - BACKING</div> <div>6 - ANGLE</div> <div>7 - SIDESWIPE, SAME DIRECTION</div> <div>8 - SIDESWIPE, OPPOSITE DIRECTION</div> <div>9 - OTHER/UNKNOWN</div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div>DIRECTION OF TRAVEL</div> <div>1</div> <div>1 - NORTH</div> <div>2 - SOUTH</div> <div>3 - EAST</div> <div>4 - WEST</div>                                                                                                                         |                                                                                   | <div>MEDIAN TYPE</div> <div>1</div> <div>1 - DIVIDED FLUSH MEDIAN (&lt; 4 FEET)</div> <div>2 - DIVIDED FLUSH MEDIAN (&gt;= 4 FEET)</div> <div>3 - DIVIDED, DEPRESSED MEDIAN</div> <div>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)</div> <div>9 - OTHER/UNKNOWN</div> |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>WORK ZONE RELATED</div> <div>WORKERS PRESENT</div> <div>LAW ENFORCEMENT PRESENT</div> <div>ACTIVE SCHOOL ZONE</div>                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | <div>WORK ZONE TYPE</div> <div>1 - LANE CLOSURE</div> <div>2 - LANE SHFT/CROSSOVER</div> <div>3 - WORK ON SHOULDER OR MEDIAN</div> <div>4 - INTERMITTENT OR MOVING WORK</div> <div>5 - OTHER</div> |                                                                                                     | <div>LOCATION OF CRASH IN WORK ZONE</div> <div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div> <div>2 - ADVANCE WARNING AREA</div> <div>3 - TRANSITION AREA</div> <div>4 - ACTIVITY AREA</div> <div>5 - TERMINATION AREA</div>                                                                                                                                          |  | <div>CONTOUR</div> <div>1</div> <div>1 - STRAIGHT LEVEL</div> <div>2 - STRAIGHT GRADE</div> <div>3 - CURVE LEVEL</div> <div>4 - CURVE GRADE</div> <div>9 - OTHER/ UNKNOWN</div>                                                                                                                                                                                                                                                                                                           |  | <div>CONDITIONS</div> <div>1</div> <div>1 - DRY</div> <div>2 - WET</div> <div>3 - SNOW</div> <div>4 - ICE</div> <div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div> <div>6 - WATER (STANDING, MOVING)</div> <div>7 - SLUSH</div> <div>9 - OTHER/UNKNOWN</div> |                                                                                   | <div>SURFACE</div> <div>2</div> <div>1 - CONCRETE</div> <div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div> <div>3 - BRICK/BLOCK</div> <div>4 - SLAG, GRAVEL, STONE</div> <div>5 - DIRT</div> <div>9 - OTHER/ UNKNOWN</div>                                           |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>LIGHT CONDITION</div> <div>1</div> <div>1 - DAYLIGHT</div> <div>2 - DAWN/DUSK</div> <div>3 - DARK - LIGHTED ROADWAY</div> <div>4 - DARK - ROADWAY NOT LIGHTED</div> <div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div> <div>9 - OTHER/UNKNOWN</div>                                                                                                                                                                                                                                                          |                                                   |                                                                                                                                                                                                    |                                                                                                     | <div>WEATHER</div> <div>1</div> <div>1 - CLEAR</div> <div>2 - CLOUDY</div> <div>3 - FOG, SMOG, SMOKE</div> <div>4 - RAIN</div> <div>5 - SLEET, HAIL</div> <div>6 - SNOW</div> <div>7 - SEVERE CROSSWINDS</div> <div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div> <div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div> <div>99 - OTHER/UNKNOWN</div>                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>NARRATIVE</div> <div>On September 3, 2024 at approximately 4:03 PM, Unit 2 was traveling northbound on Pleasant Avenue north of Nilles Road. Unit 1 was turning left from a private driveway to travel southbound on Pleasant Avenue toward Nilles Road. Unit 1 then failed to yield to Unit 2 and struck it.</div>                                                                                                                                                                                      |                                                   |                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>DIAGRAM</div>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>CRASH REPORTED DATE/TIME</div> <div>09/03/2024 16:03</div>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | <div>DISPATCH DATE/TIME</div> <div>09/03/2024 16:05</div>                                                                                                                                          |                                                                                                     | <div>ARRIVAL DATE/TIME</div> <div>09/03/2024 16:12</div>                                                                                                                                                                                                                                                                                                                |  | <div>SCENE CLEARED DATE/TIME</div> <div>09/03/2024 16:53</div>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <div>REPORT TAKEN BY</div> <div>POLICE AGENCY</div> <div>MOTORIST</div> <div>SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div>                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
| <div>TOTAL TIME ROADWAY CLOSED</div> <div>37</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div>OTHER INVESTIGATION TIME</div> <div>30</div> | <div>TOTAL MINUTES</div> <div>78</div>                                                                                                                                                             | <div>OFFICER'S NAME*</div> <div>Foster, Sandy III</div>                                             |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S NAME*</div> <div>Wolfe, Bradley</div>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                       | <div>SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</div> |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                    | <div>OFFICER'S BADGE NUMBER*</div> <div>178</div>                                                   |                                                                                                                                                                                                                                                                                                                                                                         |  | <div>CHECKED BY OFFICER'S BADGE NUMBER*</div> <div>103</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |

IR24-004801

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| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>CEPHAS, OLIVER J | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>4570 WICKLOW DR, MIDDLETOWN, OH 45042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE #<br>HOD3840                                                                      | VEHICLE IDENTIFICATION #<br>5XXGT4L34JG223483                          |
| VEHICLE YEAR<br>2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | VEHICLE MAKE<br>Kia                                                    |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE COMPANY<br>STATE FARM                                                                 | INSURANCE POLICY #<br>3892713SFP                                       |
| COLOR<br>Silver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | VEHICLE MODEL<br>Optima                                                |
| 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 - STRAIGHT AHEAD<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 - ENTERING TRAFFIC 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 - APPROACHING OR LEAVING VEHICLE<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER IMPROPER ACTION<br>25 - LIVING IN ROADWAY<br>26 - NOT DISCERNIBLE<br>27 - OPENING DOOR INTO ROADWAY<br>28 - OTHER IMPROPER ACTION<br>29 - LIVING IN ROADWAY<br>30 - NOT DISCERNIBLE<br>31 - OPENING DOOR INTO ROADWAY<br>32 - OTHER IMPROPER ACTION<br>33 - LIVING IN ROADWAY<br>34 - NOT DISCERNIBLE<br>35 - OPENING DOOR INTO ROADWAY<br>36 - OTHER IMPROPER ACTION<br>37 - LIVING IN ROADWAY<br>38 - NOT DISCERNIBLE<br>39 - OPENING DOOR INTO ROADWAY<br>40 - OTHER IMPROPER ACTION<br>41 - LIVING IN ROADWAY<br>42 - NOT DISCERNIBLE<br>43 - OPENING DOOR INTO ROADWAY<br>44 - OTHER IMPROPER ACTION<br>45 - LIVING IN ROADWAY<br>46 - NOT DISCERNIBLE<br>47 - OPENING DOOR INTO ROADWAY<br>48 - OTHER IMPROPER ACTION<br>49 - LIVING IN ROADWAY<br>50 - NOT DISCERNIBLE<br>51 - OPENING DOOR INTO ROADWAY<br>52 - OTHER IMPROPER ACTION<br>53 - LIVING IN ROADWAY<br>54 - NOT DISCERNIBLE<br>55 - OPENING DOOR INTO ROADWAY<br>56 - OTHER IMPROPER ACTION<br>57 - LIVING IN ROADWAY<br>58 - NOT DISCERNIBLE<br>59 - OPENING DOOR INTO ROADWAY<br>60 - OTHER IMPROPER ACTION<br>61 - LIVING IN ROADWAY<br>62 - NOT DISCERNIBLE<br>63 - OPENING DOOR INTO ROADWAY<br>64 - OTHER IMPROPER ACTION<br>65 - LIVING IN ROADWAY<br>66 - NOT DISCERNIBLE<br>67 - OPENING DOOR INTO ROADWAY<br>68 - OTHER IMPROPER ACTION<br>69 - LIVING IN ROADWAY<br>70 - NOT DISCERNIBLE<br>71 - OPENING DOOR INTO ROADWAY<br>72 - OTHER IMPROPER ACTION<br>73 - LIVING IN ROADWAY<br>74 - NOT DISCERNIBLE<br>75 - OPENING DOOR INTO ROADWAY<br>76 - OTHER IMPROPER ACTION<br>77 - LIVING IN ROADWAY<br>78 - NOT DISCERNIBLE<br>79 - OPENING DOOR INTO ROADWAY<br>80 - OTHER IMPROPER ACTION<br>81 - LIVING IN ROADWAY<br>82 - NOT DISCERNIBLE<br>83 - OPENING DOOR INTO ROADWAY<br>84 - OTHER IMPROPER ACTION<br>85 - LIVING IN ROADWAY<br>86 - NOT DISCERNIBLE<br>87 - OPENING DOOR INTO ROADWAY<br>88 - OTHER IMPROPER ACTION<br>89 - LIVING IN ROADWAY<br>90 - NOT DISCERNIBLE<br>91 - OPENING DOOR INTO ROADWAY<br>92 - OTHER IMPROPER ACTION<br>93 - LIVING IN ROADWAY<br>94 - NOT DISCERNIBLE<br>95 - OPENING DOOR INTO ROADWAY<br>96 - OTHER IMPROPER ACTION<br>97 - LIVING IN ROADWAY<br>98 - NOT DISCERNIBLE<br>99 - OPENING DOOR INTO ROADWAY<br>100 - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                        |

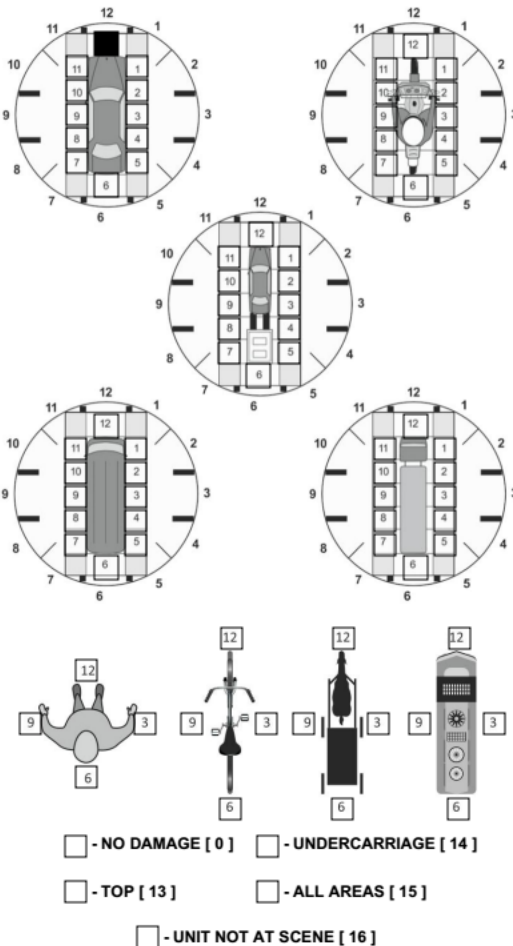
## DAMAGE

## DAMAGE SCALE

2

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

12

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

## TRAFFIC

## TRAFFICWAY FLOW

2

- 1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

6

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

## # OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

1

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

## UNIT / NON-MOTORIST DIRECTION

FROM 3

TO 2

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

## UNIT SPEED

10

## DETECTED SPEED

1

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

## POSTED SPEED

35

IR24-004801

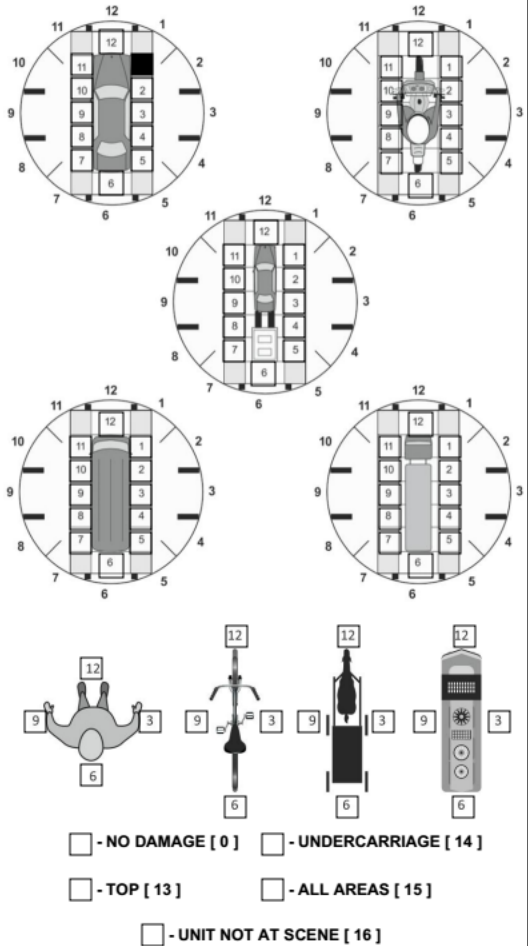
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>FIEHRER, RENEE MICHELLE | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>421 HAYES AVE, HAMILTON, OH 45015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LICENSE PLATE #<br>JZY4484                                                                             | VEHICLE IDENTIFICATION #<br>1GKKNKLS0LZ157387                          |
| VEHICLE YEAR<br>2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | VEHICLE MAKE<br>GMC                                                    |
| INSURANCE VERIFIED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br>STATE FARM                                                                        | INSURANCE POLICY #<br>Z345215SFP-35                                    |
| COLOR<br>Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | VEHICLE MODEL<br>Acadia                                                |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| UNIT TYPE<br>3 - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>1 - PRE-CRASH ACTIONS<br>2 - MAKING RIGHT TURN<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING LEFT TURN<br>6 - MAKING U-TURN<br>7 - STRAIGHT AHEAD<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 - ENTERING TRAFFIC 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 - 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 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<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                             | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>30                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                                       |



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|---------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |  | DATE OF BIRTH                                                                                                      |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | HUNTER, TYRA NEECOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                               |  | 09/13/1999                                                                                                         |  | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 62 PEBBLE BROOK LN APT D, HAMILTON, OH 45011                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 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 |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | CITY OF FAIRFIELD FIRE                                                                                                                        |  |                                                                                                                    |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  | 1                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                            |  | 1        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | CITATION NUMBER                                                                                                                                              |  |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | 331.22a                                                                                                            |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Driving onto Roadway from Place                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | 2400185602                                                                                                                                                   |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                    |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                                                                                                        |  | DRUG TEST(S)                                                                                                                                                 |  |          |  |         |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/>                                                                                                                      |  | 1                                                                                                                  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | STATUS TYPE VALUE                                                                                                                                                                                                                                   |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                            |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1 1 .                                                                                                                                                                                                                                               |  | 1 1                                                                                                                                                          |  |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |  | DATE OF BIRTH                                                                                                      |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | FIEHRER, RENEE MICHELLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  | 09/22/1977                                                                                                         |  | 46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 421 HAYES AVE, HAMILTON, OH 45015                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  | 1                                                                                                                                                                                                                                                   |  | 1                                                                                                                                                            |  | 1        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | CITATION NUMBER                                                                                                                                              |  |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                    |  | DRIVER DISTRACTED BY                                                                                               |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |  | ALCOHOL TEST                                                                                                                                                                                                                                        |  | DRUG TEST(S)                                                                                                                                                 |  |          |  |         |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/>                                                                                                                      |  | 1                                                                                                                  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | STATUS TYPE VALUE                                                                                                                                                                                                                                   |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                            |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1 1 .                                                                                                                                                                                                                                               |  | 1 1                                                                                                                                                          |  |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |  | DATE OF BIRTH                                                                                                      |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 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 |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  | OFFENSE CHARGED                                                                                                    |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  | CITATION NUMBER                                                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/>                                                                                                                      |  |                                                                                                                    |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | STATUS TYPE VALUE                                                                                                                                                                                                                                   |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                            |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG                                                                                                                                       |  | OL CLASS                                                                                                           |  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |  | TEST STATUS                                                                                                                                                                                                                                         |  |                                                                                                                                                              |  |          |  |         |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |        | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                                                                            |  |                                                                                                                                                              |  |          |  |         |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | EJECTION                                                                                                           |  | OL ENDORSEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                              |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | TRAPPED                                                                                                            |  | GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                         |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | CONDITION                                                                                                                                                                                                                                           |  |                                                                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |  | ALCOHOL TEST TYPE                                                                                                                                            |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | DRUG TEST TYPE                                                                                                                                               |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | DRUG TEST RESULT(S)                                                                                                                                          |  |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                     |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |  |          |  |         |  |