



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
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| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                               |                                                                              | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                           | LOCAL INFORMATION                                           |                                                                                                                                                                                                                                                                                                                                           | IR24-005046                                  |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                                                                                                                                                                                                           | NCIC*<br>00901                                              |                                                                                                                                                                                                                                                                                                                                           | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED       | NUMBER OF UNITS<br>2                                                                                                                                                                                              |                                                                                                                                                                 |                                                                                                                                                |
| UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                   | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                       | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                                                                                                                                                           | CRASH DATE/TIME*<br>09/16/2024 12:06         |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
| CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                                                                                                                                                                                    |                                                                              | 5                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                                 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | LOCATION ROAD NAME<br>Seward                                |                                                                                                                                                                                                                                                                                                                                           | ROAD TYPE<br>RD                              | LATITUDE<br>39.333277                                                                                                                                                                                             |                                                                                                                                                                 |                                                                                                                                                |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                                 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Port Union |                                                                                                                                                                                                                                                                                                                                           | ROAD TYPE<br>RD                              | LONGITUDE<br>-84.492207                                                                                                                                                                                           |                                                                                                                                                                 |                                                                                                                                                |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                           | DIRECTION FROM REFERENCE<br>2 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                                                             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY                            |                                              | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                                   |                                                                                                                                                                 |                                                                                                                                                |
| DISTANCE FROM REFERENCE<br>100                                                                                                                                                                                                                                                                                                                                  | DISTANCE UNIT OF MEASURE<br>2 1 - MILES<br>2 - FEET<br>3 - YARDS             | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |
| LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                                                              | MANNER OF CRASH COLLISION/IMPACT<br>7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                             | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                            |                                              | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                                                 |                                                                                                                                                |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                       |                                                                              | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                  |                                                             | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                      |                                              | CONTOUR<br>1 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                 | CONDITIONS<br>1 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                  |                                                                              | WEATHER<br>1 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                             | NARRATIVE<br>On 09/16/2024 at about 12:06 P.M. Unit 1 was traveling northbound on Seward Rd. at approximately 20 m.p.h. and when near Port Union Rd. attempted to change to the right lane of traffic and in so doing collided with Unit 2 which was traveling northbound on Seward Rd. in the right hand lane at approximately 15 m.p.h. |                                              |                                                                                                                                                                                                                   | DIAGRAM<br><br>Not To Scale                                                                                                                                     |                                                                                                                                                |
| CRASH REPORTED DATE/TIME<br>09/16/2024 12:07                                                                                                                                                                                                                                                                                                                    |                                                                              | DISPATCH DATE/TIME<br>09/16/2024 12:08                                                                                                                                                                                                                                    |                                                             | ARRIVAL DATE/TIME<br>09/16/2024 12:20                                                                                                                                                                                                                                                                                                     |                                              | SCENE CLEARED DATE/TIME<br>09/16/2024 12:53                                                                                                                                                                       |                                                                                                                                                                 | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                 |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  | OTHER INVESTIGATION TIME<br>0                                                | TOTAL MINUTES<br>45                                                                                                                                                                                                                                                       | OFFICER'S NAME*<br>Moore, Craig                             |                                                                                                                                                                                                                                                                                                                                           | CHECKED BY OFFICER'S NAME*<br>Wolfe, Bradley |                                                                                                                                                                                                                   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                       |                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                           | OFFICER'S BADGE NUMBER*<br>136                              |                                                                                                                                                                                                                                                                                                                                           | CHECKED BY OFFICER'S BADGE NUMBER*<br>103    |                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                                                                                |

IR24-005046

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| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>DIA, SAWDATOU | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>12074 ELKWOOD DR, SPRINGFIELD TWP, OH 45240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LICENSE PLATE #<br>GYN9094                                                                   | VEHICLE IDENTIFICATION #<br>KMH4H4AE0EU142498                          |
| VEHICLE YEAR<br>2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE MAKE<br>Hyundai                                                                      |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSURANCE COMPANY<br>GENERAL INSURANCE                                                       | INSURANCE POLICY #<br>92-OH-6865540                                    |
| COLOR<br>Silver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE MODEL<br>Elantra                                                                     |                                                                        |
| 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 RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | CLASS #                                                                |
| PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                        |
| # OCCUPANTS<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                        |
| VEHICLE 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 - 2-WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STOPPING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - ANIMAL - FARM EQUIPMENT<br>13 - ANIMAL - DEER<br>14 - ANIMAL - OTHER<br>15 - MOTOR VEHICLE IN TRANSPORT<br>16 - PARKED MOTOR VEHICLE<br>17 - WORK ZONE MAINTENANCE EQUIPMENT<br>18 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>19 - OTHER MOVABLE OBJECT<br>20 - IMPACT<br>21 - GUARDRAIL END ATTENUATOR/ CRASH CUSHION<br>22 - BRIDGE OVERHEAD STRUCTURE<br>23 - BRIDGE PIER OR ABUTMENT<br>24 - BRIDGE PARAPET<br>25 - BRIDGE RAIL<br>26 - GUARDRAIL FACE<br>27 - GUARDRAIL END ATTENUATOR/ CRASH CUSHION<br>28 - PORTABLE BARRIER<br>29 - MEDIUM CABLE BARRIER<br>30 - MEDIAN GUARDRAIL BARRIER<br>31 - MEDIAN CONCRETE BARRIER<br>32 - MEDIAN OTHER BARRIER<br>33 - TRAFFIC SIGN POST<br>34 - OVERHEAD SIGN<br>35 - DITCH<br>36 - EMBANKMENT<br>37 - FENCE<br>38 - MAILBOX<br>39 - TREE<br>40 - FIRE HYDRANT<br>41 - CULVERT<br>42 - CURB<br>43 - DITCH<br>44 - EMBANKMENT<br>45 - FENCE<br>46 - MAILBOX<br>47 - FIRE HYDRANT<br>48 - CULVERT<br>49 - WORK ZONE MAINTENANCE EQUIPMENT<br>50 - WALL<br>51 - BUILDING<br>52 - TUNNEL<br>53 - OTHER FIXED OBJECT<br>54 - OTHER/UNKNOWN |                                                                                              |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT<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 ATTENUATOR/ CRASH CUSHION<br>32 - PORTABLE BARRIER<br>33 - MEDIUM CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - DITCH<br>40 - EMBANKMENT<br>41 - FENCE<br>42 - MAILBOX<br>43 - TREE<br>44 - FIRE HYDRANT<br>45 - CULVERT<br>46 - CURB<br>47 - DITCH<br>48 - EMBANKMENT<br>49 - WORK ZONE MAINTENANCE EQUIPMENT<br>50 - WALL<br>51 - BUILDING<br>52 - TUNNEL<br>53 - OTHER FIXED OBJECT<br>54 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                        |

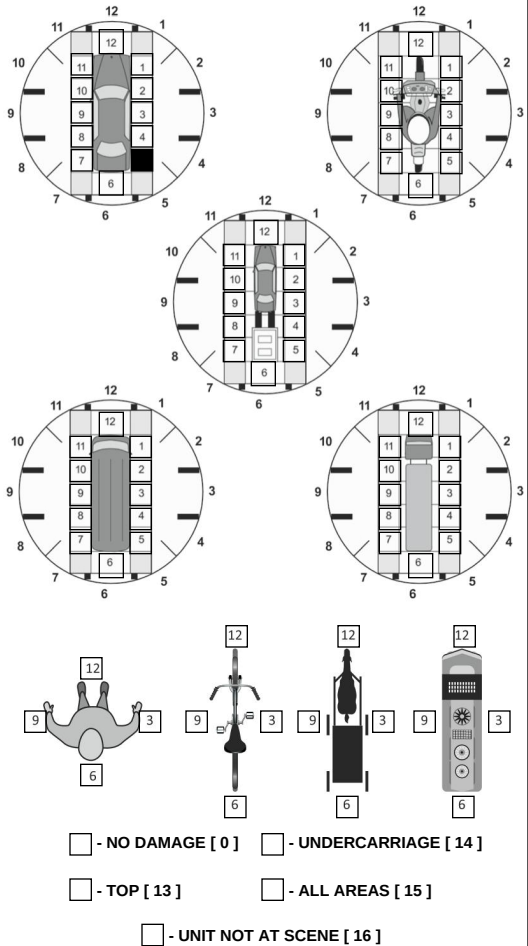
## DAMAGE

## DAMAGE SCALE

2

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

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

## INITIAL POINT OF CONTACT

5

- 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 2

TO 1

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

## UNIT SPEED

20

## DETECTED SPEED

1

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

## POSTED SPEED

35

IR24-005046

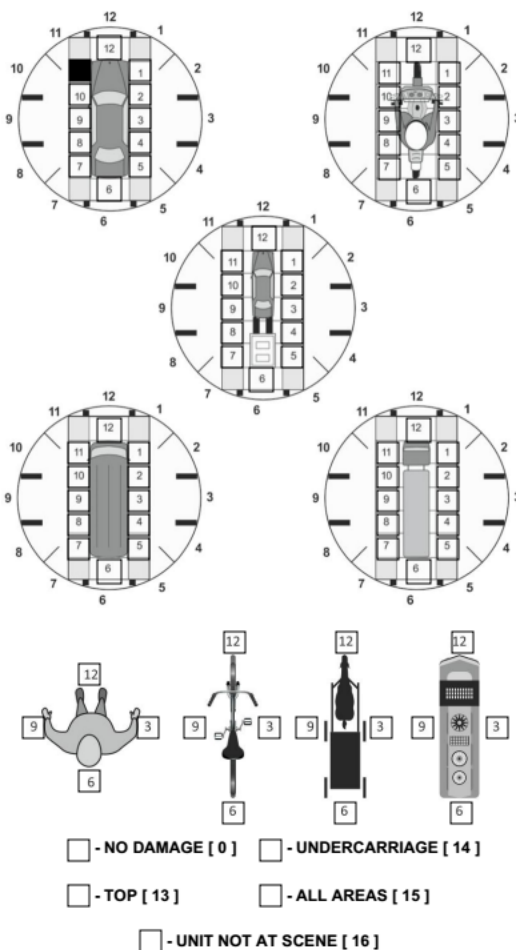
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GOULD, SHAWN M | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>8451 JORDAN RD, CLEVELAND, OH 45002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JGV9716                                                                    | VEHICLE IDENTIFICATION #<br>KL8CB6S91DC537446                          |
| VEHICLE YEAR<br>2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | VEHICLE MAKE<br>Chevrolet                                              |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>OWNERS INSURANCE COMPANY                                                 | INSURANCE POLICY #<br>55-169-180-00                                    |
| COLOR<br>Green                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | VEHICLE MODEL<br>Spark                                                 |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<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 - BACKING<br>9 - CHANGING LANES<br>10 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN<br>12 - MAKING LEFT TURN<br>13 - MAKING U-TURN<br>14 - ENTERING TRAFFIC LANE<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STOPPED OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                        |                                                                                               |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                               |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE OPPOSITE DIRECTION OF TRAVEL<br>13 - DOWNHILL RUNAWAY<br>14 - OTHER NON-COLLISION<br>15 - PEDESTRIAN<br>16 - PEDALCYCLE<br>17 - ANIMAL - FARM EQUIPMENT<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

11 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN

## UNIT SPEED

15

## DETECTED SPEED

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

## POSTED SPEED

35



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                       | NAME: LAST, FIRST, MIDDLE                                                                                                                     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF BIRTH                                                                                                                                                |                                   |                          |                          | AGE                      | GENDER                   |                          |                          |                                                                                                     |                  |         |          |                   |                    |             |                                                                          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                                                                                                                                       | BA, MOUHADJI OUMAR                                                                                                                            |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            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DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           | ALCOHOL / DRUG SUSPECTED                                                                                                                                     |                                   | CONDITION                | ALCOHOL TEST             |                          | DRUG TEST(S)             |                          |                          |                                                                                                     |                  |         |          |                   |                    |             |                                                                      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                                                                                                                                       | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                                                                                    | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                                   |                          |                          |                          |                          |                          |                          |                                                                                                     |                  |         |          |                   |                    |             |                                                                          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| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                       | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                                    | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |                                   |                          |                          |                          |                          |                          |                          |                                                                                                     |                  |         |          |                   |                    |             |                                                                          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                                                                                                                                       |                                                                                                                                               |                                                                                                                    | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                                   |                          |                          |                          |                          |                          |                          |                                                                                                     |                  |         |          |                   |                    |             |                                                                          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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR24-005046

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| OCCUPANT                                                                                                                 | UNIT #                                                                        | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                    |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | 1                                                                             | DIA, EL HACEN                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10/04/1979                                       |                                                                                                                                               | 44            | M        |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP<br>598 Dewdrop Circle, Cincinnati, OH 45240 |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                |                                                                                                                                               |               |          |         |
|                                                                                                                          | INJURIES                                                                      | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          | 5                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 3                                                                                                                                             | 1             | 1        | 1       |
| OCCUPANT                                                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                                               |               |          |         |
| OCCUPANT                                                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                                               |               |          |         |
| OCCUPANT                                                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                                                                              | AIR BAG USAGE | EJECTION | TRAPPED |
|                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                                               |               |          |         |
| INJURY                                                                                                                   |                                                                               | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                 | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  | AIR BAG USAGE                                                                                                                                 |               |          |         |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                                                               | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                   |                                                 | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                                                  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |               |          |         |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN        |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                      |               |          |         |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                           |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                  |               |          |         |
| WITNESS                                                                                                                  | NAME: LAST, FIRST, MIDDLE                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                    |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                |                                                                                                                                               |               |          |         |
| WITNESS                                                                                                                  | NAME: LAST, FIRST, MIDDLE                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                    |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                |                                                                                                                                               |               |          |         |
| WITNESS                                                                                                                  | NAME: LAST, FIRST, MIDDLE                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH                                    |                                                                                                                                               | AGE           | GENDER   |         |
|                                                                                                                          | ADDRESS: STREET, CITY, STATE, ZIP                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                |                                                                                                                                               |               |          |         |