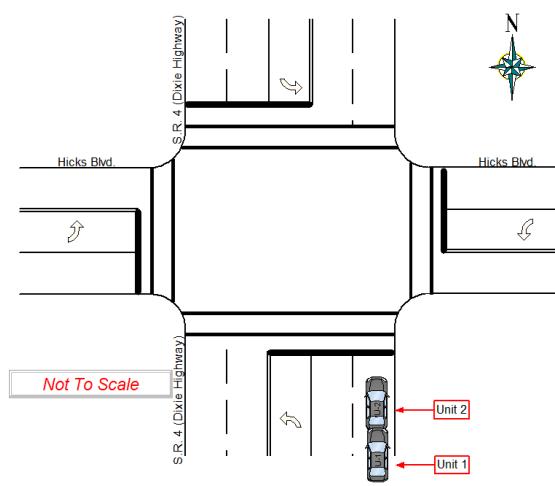


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|  |   |  |   |   |  |  |  |   |
|--|---|--|---|---|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |   | <b>LOCAL INFORMATION</b>   |   |   |  |  |  |   |
|  |   | <b>REPORTING AGENCY NAME*</b><br>Fairfield Police Department   |   | <b>NCIC*</b><br>00901   | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED  | <b>NUMBER OF UNITS</b><br>2  | <b>UNIT IN ERROR</b><br>1<br>98 - ANIMAL<br>99 - UNKNOWN   |   |
| <b>REFERENCE LOCATION</b><br>COUNTY*<br>09   | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Fairfield   |   |   |  | <b>CRASH DATE/TIME*</b><br>09/30/2024 09:10  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |   |
|  |   | ROUTE TYPE<br>SR   | ROUTE NUMBER<br>4   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>Hicks  |  |  | ROAD TYPE<br>HW   |
| <b>REFERENCE</b><br>ROUTE TYPE<br>ROUTE NUMBER   |   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   | ROAD TYPE<br>BL   | LONGITUDE<br>-84.540076  | <b>NUMBER OF APPROACHES</b><br><b>ROADWAY</b>  |  |   |
|  |   |  |   |   |  |  | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA  |   |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |   | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> ROADWAY DIVIDED  |  |   |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   |   |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><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 |   |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT   |   | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | <b>CONTOUR</b><br>1  | <b>CONDITIONS</b><br>1   | <b>SURFACE</b><br>2   |
| <b>ACTIVE SCHOOL ZONE</b>  |   |  |   |   |  |  |  |   |
| <b>LIGHT CONDITION</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN  |   |  | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |   |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN | 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  | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| <b>NARRATIVE</b><br>On 09/30/2024 at 9:10 a.m. Unit 1 was traveling northbound on S.R. 4 Dixie Highway approaching Hicks Blvd. and when doing so, failed to stop within the assured clear distance ahead and rear ended Unit 2. Unit 2 was also traveling northbound on S.R. 4 Dixie Highway approaching Hicks Blvd. and stopped in traffic at S.R. 4 Dixie Highway. |   |  |   |   |  | <b>DIAGRAM</b><br>                                 |  |   |
| <b>CRASH REPORTED DATE/TIME</b><br>09/30/2024 09:10  |   | <b>DISPATCH DATE/TIME</b><br>09/30/2024 09:13  |   | <b>ARRIVAL DATE/TIME</b><br>09/30/2024 09:17  |  | <b>SCENE CLEARED DATE/TIME</b><br>09/30/2024 09:44   |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0  | <b>OTHER INVESTIGATION TIME</b><br>0                        | <b>TOTAL MINUTES</b><br>31   | <b>OFFICER'S NAME*</b><br>Taylor, Jeremiah  |   | <b>CHECKED BY OFFICER'S NAME*</b><br>Cresap, Lori  |  |  | <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)   |
|  |   |  | <b>OFFICER'S BADGE NUMBER*</b><br>157   |   | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>87  |  |  |   |

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|        |  |  |
|--------|--|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| 1      | ETSON, STEPHEN D   |  |

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

457 SHEERIN DR, HAMILTON, OH 45013

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|          |                 |                          |              |              |
|----------|-----------------|--------------------------|--------------|--------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| OH       | ELA2906         | JTKKU10418J027065        | 2008         | Toyota       |

|   |                   |                    |       |               |
|---|-------------------|--------------------|-------|---------------|
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
|   |                   |                    | Red   | Scion xd      |

|  |  |  |   |  |
|--|--|--|---|--|
| TYPE OF USE  |  | US DOT #                                       | TOWED BY: COMPANY NAME                                      |  |
| <input type="checkbox"/> COMMERCIAL                | <input type="checkbox"/> GOVERNMENT    | <input type="checkbox"/> IN EMERGENCY RESPONSE |   |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS <input type="checkbox"/> 1         | VEHICLE WEIGHT GVWR/GCWR                                    | HAZARDOUS MATERIAL   |
|  |  |  | 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. | <input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |

|                                      |   |  |   |   |   |
|--------------------------------------|---|--|---|---|---|
| <input type="checkbox"/> 1 UNIT TYPE | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 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 | 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 |
| <input type="checkbox"/> 0           | # OF TRAILING UNITS   |  |   |   |   |

|                            |   |                            |  |  |             |
|----------------------------|---|----------------------------|--|--|-------------|
| <input type="checkbox"/> 2 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | <input type="checkbox"/> 0 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|                            | 1 - YES 2 - NO 9 - OTHER/UNKNOWN                              |                            |  |  |             |
|                            |   |                            | AUTONOMOUS MODE LEVEL  |  |             |

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| <input type="checkbox"/> 1 SPECIAL FUNCTION | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|--|---|---|--|---|

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <input type="checkbox"/> 1 CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|--|--|---|---|--|---|

|  |  |  |  |  |                    |
|--|--|--|--|--|--------------------|
| <input type="checkbox"/> VEHICLE DEFECTS | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|--|--|--|--|--|--------------------|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <input type="checkbox"/> NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
|--|--|---|--|---|--|

|                                   |   |  |  |  |  |
|-----------------------------------|---|--|--|--|--|
| <input type="checkbox"/> 3 ACTION | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING RIGHT TURN<br>9 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSED<br>5 - BOTH STRIKING PRE-CRASH<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>12 - DRIVERLESS | 13 - NEGOTIATING A LANE<br>14 - ENTERING OR LANE<br>15 - WALKING, RUNNING,<br>STOPPED IN TRAFFIC<br>16 - WORKING | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING CROSSING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE JOGGING, PLAYING<br>22 - APPROACHING OR LEAVING VEHICLE<br>23 - STANDING<br>24 - OTHER/UNKNOWN |
|-----------------------------------|---|--|--|--|--|

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <input type="checkbox"/> 8 CONTRIBUTING CIRCUMSTANCES | 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 | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO<br>9 - IMPROPER LANE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>CLOSE/ACDA<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>FROM A PARKED<br>POSITION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - STOPPED OR<br>PARKED ILLEGALLY<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
|---|---|---|---|---|--|

## SEQUENCE OF EVENTS

|                            |   |  |  |  |
|----------------------------|---|--|--|--|
| <input type="checkbox"/> 1 | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE<br>OPPOSITE DIRECTION OF<br>TRAVEL<br>12 - DOWNSHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT |
|----------------------------|---|--|--|--|

|                            |  |   |   |  |
|----------------------------|--|---|---|--|
| <input type="checkbox"/> 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION  | 31 - GUARDRAIL END<br>PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER                              | 37 - TRAFFIC SIGN POST<br>OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT | 43 - CURB<br>DITCH<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT |
| <input type="checkbox"/> 5 | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT            | 49 - FIRE HYDRANT<br>99 - OTHER/UNKNOWN  |

1 FIRST HARMFUL EVENT  1 MOST HARMFUL EVENT

|                            |   |   |
|----------------------------|---|---|
| DAMAGE                     |   |   |
| DAMAGE SCALE               |   |   |
| <input type="checkbox"/> 2 | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |

|  |                              |                              |
|--|------------------------------|------------------------------|
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY |                              |                              |
| <input type="checkbox"/> 1                 | <input type="checkbox"/> 2   | <input type="checkbox"/> 3   |
| <input type="checkbox"/> 4                 | <input type="checkbox"/> 5   | <input type="checkbox"/> 6   |
| <input type="checkbox"/> 7                 | <input type="checkbox"/> 8   | <input type="checkbox"/> 9   |
| <input type="checkbox"/> 10                | <input type="checkbox"/> 11  | <input type="checkbox"/> 12  |
| <input type="checkbox"/> 13                | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 16                | <input type="checkbox"/> 17  | <input type="checkbox"/> 18  |
| <input type="checkbox"/> 19                | <input type="checkbox"/> 20  | <input type="checkbox"/> 21  |
| <input type="checkbox"/> 22                | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  |
| <input type="checkbox"/> 25                | <input type="checkbox"/> 26  | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28                | <input type="checkbox"/> 29  | <input type="checkbox"/> 30  |
| <input type="checkbox"/> 31                | <input type="checkbox"/> 32  | <input type="checkbox"/> 33  |
| <input type="checkbox"/> 34                | <input type="checkbox"/> 35  | <input type="checkbox"/> 36  |
| <input type="checkbox"/> 37                | <input type="checkbox"/> 38  | <input type="checkbox"/> 39  |
| <input type="checkbox"/> 40                | <input type="checkbox"/> 41  | <input type="checkbox"/> 42  |
| <input type="checkbox"/> 43                | <input type="checkbox"/> 44  | <input type="checkbox"/> 45  |
| <input type="checkbox"/> 46                | <input type="checkbox"/> 47  | <input type="checkbox"/> 48  |
| <input type="checkbox"/> 49                | <input type="checkbox"/> 50  | <input type="checkbox"/> 51  |
| <input type="checkbox"/> 52                | <input type="checkbox"/> 53  | <input type="checkbox"/> 54  |
| <input type="checkbox"/> 55                | <input type="checkbox"/> 56  | <input type="checkbox"/> 57  |
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| <input type="checkbox"/> 61                | <input type="checkbox"/> 62  | <input type="checkbox"/> 63  |
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| <input type="checkbox"/> 70                | <input type="checkbox"/> 71  | <input type="checkbox"/> 72  |
| <input type="checkbox"/> 73                | <input type="checkbox"/> 74  | <input type="checkbox"/> 75  |
| <input type="checkbox"/> 76                | <input type="checkbox"/> 77  | <input type="checkbox"/> 78  |
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| <input type="checkbox"/> 82                | <input type="checkbox"/> 83  | <input type="checkbox"/> 84  |
| <input type="checkbox"/> 85                | <input type="checkbox"/> 86  | <input type="checkbox"/> 87  |
| <input type="checkbox"/> 88                | <input type="checkbox"/> 89  | <input type="checkbox"/> 90  |
| <input type="checkbox"/> 91                | <input type="checkbox"/> 92  | <input type="checkbox"/> 93  |
| <input type="checkbox"/> 94                | <input type="checkbox"/> 95  | <input type="checkbox"/> 96  |
| <input type="checkbox"/> 97                | <input type="checkbox"/> 98  | <input type="checkbox"/> 99  |
| <input type="checkbox"/> 100               | <input type="checkbox"/> 101 | <input type="checkbox"/> 102 |
| <input type="checkbox"/> 103               | <input type="checkbox"/> 104 | <input type="checkbox"/> 105 |
| <input type="checkbox"/> 106               | <input type="checkbox"/> 107 | <input type="checkbox"/> 108 |
| <input type="checkbox"/> 109               | <input type="checkbox"/> 110 | <input type="checkbox"/> 111 |
| <input type="checkbox"/> 112               | <input type="checkbox"/> 113 | <input type="checkbox"/> 114 |
| <input type="checkbox"/> 115               | <input type="checkbox"/> 116 | <input type="checkbox"/> 117 |
| <input type="checkbox"/> 118               | <input type="checkbox"/> 119 | <input type="checkbox"/> 120 |
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| <input type="checkbox"/> 187               | <input type="checkbox"/> 188 | <input type="checkbox"/> 189 |
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| <input type="checkbox"/> 193               | <input type="checkbox"/> 194 | <input type="checkbox"/> 195 |
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IR24-005365

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| UNIT #<br>2  | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>HOFFER, PAUL EDWARD | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>6840 OLD ORCHARD CT, CINCINNATI, OH 45230 |  |   |

|   |  |   |
|---|--|---|
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
|---|--|---|

|                |                            |   |                      |                        |
|----------------|----------------------------|---|----------------------|------------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>GVU6246 | VEHICLE IDENTIFICATION #<br>4T4BF1FK1ER407719 | VEHICLE YEAR<br>2014 | VEHICLE MAKE<br>Toyota |
|----------------|----------------------------|---|----------------------|------------------------|

|                       |   |                               |                |                        |
|-----------------------|---|-------------------------------|----------------|------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>GRANGE INSURANCE CO. | INSURANCE POLICY #<br>4765534 | COLOR<br>Green | VEHICLE MODEL<br>Camry |
|-----------------------|---|-------------------------------|----------------|------------------------|

|   |  |                  |  |  |
|---|--|------------------|--|--|
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #         | TOWED BY: COMPANY NAME   |  |
| INTERLOCK<br>DEVICE EQUIPPED  |  | # OCCUPANTS<br>1 | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  |
|   |  |                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |  |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| UNIT TYPE<br>1 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP |
| 0              | # OF TRAILING UNITS   |  |   |   |   |

|   |   |                          |  |   |             |
|---|---|--------------------------|--|---|-------------|
| 2 | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED? | 0                        | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|   | 1 - YES 2 - NO 9 - OTHER/UNKNOWN                                    | AUTONOMOUS<br>MODE LEVEL |  |   |             |

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|--|---|--|---|---|

|   |  |   |   |   |
|---|--|---|---|---|
| 1 | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 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 |
|---|--|---|---|---|

|   |  |  |   |   |                    |
|---|--|--|---|---|--------------------|
| 1 | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|---|--|--|---|---|--------------------|

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| 1 | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK | 3 - INTERSECTION -<br>OTHER<br>CROSSWALK<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS | 12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN |
|---|--|---|---|--|---|

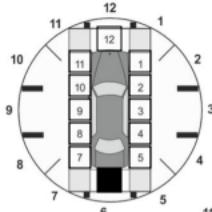
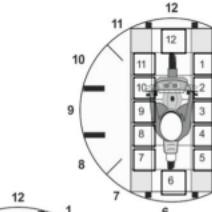
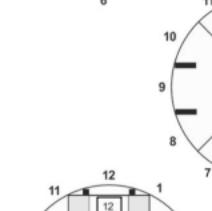
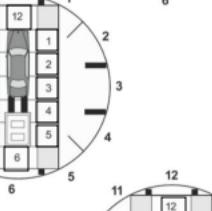
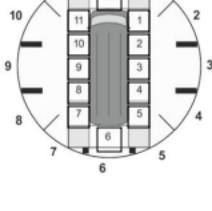
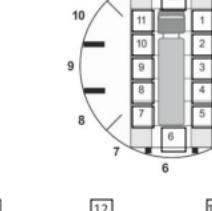
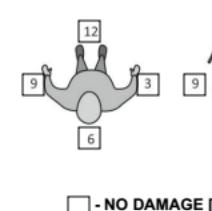
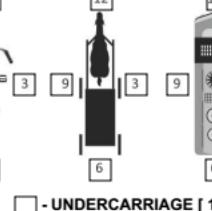
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| 4 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING<br>PRE-CRASH<br>7 - MAKING LEFT TURN<br>8 - MAKING U-TURN<br>9 - OTHER/UNKNOWN | 11 - MAKING RIGHT TURN<br>10 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - BOTH<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - FOLLOWING TOO<br>9 - IMPROPER LANE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A<br>LANE<br>14 - ENTERING OR<br>LANE<br>15 - WALKING, RUNNING,<br>STOPPED IN<br>TRAFFIC<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>CROSSING<br>20 - OTHER NON-<br>SPECIFIED LOCATION<br>21 - STANDING OUTSIDE<br>JOGGING, PLAYING<br>22 - OTHER UNKNOWN<br>23 - APPROACHING<br>LEAVING VEHICLE<br>24 - OTHER UNKNOWN<br>99 - OTHER/UNKNOWN |
|---|---|---|---|---|---|--|

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| 1 | 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 | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO<br>9 - IMPROPER LANE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>CLOSE/ACDA<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>FROM A PARKED<br>POSITION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - STOPPED OR<br>PARKED ILLEGALLY<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>24 - OTHER IMPROPER<br>ACTION |
|---|---|---|---|---|--|

#### SEQUENCE OF EVENTS

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT |
|---|---|--|--|--|

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION                          | 31 - GUARDRAIL END<br>PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER | 37 - TRAFFIC SIGN POST<br>OVERHEAD SIGN<br>POST | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT |
| 5 | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT | 34 - MEDIAN GUARDRAIL<br>BARRIER                                       | 39 - LIGHT/LUMINARIES<br>SUPPORT                | 46 - FENCE<br>47 - MAILBOX<br>48 - TREE    | 51 - WALL<br>52 - BUILDING<br>53 - TUNNEL  |
| 6 | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE       | 35 - MEDIAN CONCRETE<br>BARRIER  | 41 - OTHER POST, POLE<br>OR SUPPORT             | 49 - FIRE HYDRANT                          | 54 - OTHER FIXED<br>OBJECT                 |
| 1 | FIRST HARMFUL EVENT  | 1  | MOST HARMFUL EVENT                              | 42 - CULVERT                               | 99 - OTHER/UNKNOWN                         |

|   |  |   |
|---|--|---|
| DAMAGE  |  |   |
| DAMAGE SCALE  |  |   |
| 2   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN                  | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |   |
|         |  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]  |  |   |
| INITIAL POINT OF CONTACT  |  |   |
| 6   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT<br>DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |
| TRAFFIC   |  |   |
| 2   | TRAFFIC FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                   | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>4 - STOP SIGN<br>2 - SIGNAL<br>5 - YIELD SIGN<br>3 - FLASHER<br>6 - NO CONTROL |
| 4   | # OF THROUGH LANES<br>ON ROAD                                | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING         |
| 2   | FROM 2   | TO 1  |
| UNIT / NON-MOTORIST DIRECTION   |  |   |
| 1   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST               | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN                               |
| UNIT SPEED  |  |   |
| 0   | DETECTED SPEED   | 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED   |
| 35  | POSTED SPEED   |   |



## MOTORIST / NON-MOTORIST

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**LOCAL REPORT NUMBER**

IR24-005365

| MOTORIST / NON-MOTORIST  | UNIT # NAME: LAST, FIRST, MIDDLE |   |  |  |                 |                      |  |            |                     |                       | DATE OF BIRTH   |                         |   |                  | AGE  |                   | GENDER  |                    |  |             |  |  |
|--|----------------------------------|---|--|--|-----------------|----------------------|--|------------|---------------------|-----------------------|---|-------------------------|---|------------------|--|-------------------|---|--------------------|--|-------------|--|--|
|  | 1                                | MARCUM, DONNA SUE                                 |  |  |                 |                      |  |            |                     |                       |   | 04/01/1968              |   |                  |  | 56                |   | F                  |  |             |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                  |   |  |  |                 |                      |  |            |                     |                       | CONTACT PHONE - INCLUDE AREA CODE   |                         |   |                  |  |                   |   |                    |  |             |  |  |
| 1740 PARKAMO AVE, HAMILTON, OH 45011   |                                  |   |  |  |                 |                      |  |            |                     |                       |   |                         |   |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)  |                 |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |            |                     | SAFETY EQUIPMENT USED | 4   | DOT-COMPLIANT MC HELMET |   | SEATING POSITION | 1  | AIR BAG USAGE     | 1   | EJECTION           | 1  | TRAPPED     |  |  |
| OL STATE   |                                  | OPERATOR LICENSE NUMBER                           |  |  | OFFENSE CHARGED |                      |  | LOCAL CODE | ACDA                |                       |   | CITATION NUMBER         |   |                  |  |                   |   |                    |  |             |  |  |
| OL CLASS   |                                  | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3   |                 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED   |            | CONDITION           | ALCOHOL TEST          |   |                         | DRUG TEST(S)  |                  |  |                   |   |                    |  |             |  |  |
| 4  |                                  | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                 | 9                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |            | 1                   | 1                     |   | 1                       | 1   |                  | RESULT SELECT UP TO 4  |                   |   |                    |  |             |  |  |
| UNIT #   |                                  | NAME: LAST, FIRST, MIDDLE                         |  |  |                 |                      |  |            |                     |                       |   | DATE OF BIRTH           |   |                  |  | AGE               |   | GENDER             |  |             |  |  |
| 2  |                                  | HOFFER, PAUL EDWARD                               |  |  |                 |                      |  |            |                     |                       |   | 05/31/1970              |   |                  |  | 54                |   | M                  |  |             |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                  |   |  |  |                 |                      |  |            |                     |                       | CONTACT PHONE - INCLUDE AREA CODE   |                         |   |                  |  |                   |   |                    |  |             |  |  |
| 6840 OLD ORCHARD CT, CINCINNATI, OH 45230  |                                  |   |  |  |                 |                      |  |            |                     |                       |   |                         |   |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)  |                 |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |            |                     | SAFETY EQUIPMENT USED | 4   | DOT-COMPLIANT MC HELMET |   | SEATING POSITION | 1  | AIR BAG USAGE     | 1   | EJECTION           | 1  | TRAPPED     |  |  |
| OL STATE   |                                  | OPERATOR LICENSE NUMBER                           |  |  | OFFENSE CHARGED |                      |  | LOCAL CODE | OFFENSE DESCRIPTION |                       |   | CITATION NUMBER         |   |                  |  |                   |   |                    |  |             |  |  |
| OL CLASS   |                                  | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3   |                 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED   |            | CONDITION           | ALCOHOL TEST          |   |                         | DRUG TEST(S)  |                  |  |                   |   |                    |  |             |  |  |
| 4  |                                  | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> |                 | 1                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |            | 1                   | 1                     |   | 1                       | 1   |                  | RESULT SELECT UP TO 4  |                   |   |                    |  |             |  |  |
| UNIT #   |                                  | NAME: LAST, FIRST, MIDDLE                         |  |  |                 |                      |  |            |                     |                       |   | DATE OF BIRTH           |   |                  |  | AGE               |   | GENDER             |  |             |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                                  |   |  |  |                 |                      |  |            |                     |                       | CONTACT PHONE - INCLUDE AREA CODE   |                         |   |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  | INJURED TAKEN BY                                  |  | EMS AGENCY (NAME)  |                 |                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |            |                     | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET   |                         | SEATING POSITION  | 1                | AIR BAG USAGE  | 1                 | EJECTION  | 1                  | TRAPPED  |             |  |  |
| OL STATE   |                                  | OPERATOR LICENSE NUMBER                           |  |  | OFFENSE CHARGED |                      |  | LOCAL CODE | OFFENSE DESCRIPTION |                       |   | CITATION NUMBER         |   |                  |  |                   |   |                    |  |             |  |  |
| OL CLASS   |                                  | ENDORSEMENT SELECT UP TO 2                        |  | RESTRICTION SELECT UP TO 3   |                 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED   |            | CONDITION           | ALCOHOL TEST          |   |                         | DRUG TEST(S)  |                  |  |                   |   |                    |  |             |  |  |
| 4  |                                  | <input type="checkbox"/> <input type="checkbox"/> |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                 | 1                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |            | 1                   | 1                     |   | 1                       | 1   |                  | RESULT SELECT UP TO 4  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  |   |  |  |                 |                      |  |            |                     |                       | SEATING POSITION  |                         | AIR BAG   | OL CLASS         |  | OL RESTRICTION(S) |   | DRIVER DISTRACTION |  | TEST STATUS |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                         | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - NOT APPLICABLE<br>UNKNOWN  |                  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   |                   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |                    | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |             | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |
| INJURED TAKEN BY   |                                  |   |  |  |                 |                      |  |            |                     |                       | EJECTION  |                         | OL ENDORSEMENT  |                  | TEST STATUS  |                   |   |                    |  |             |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |                         | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   |                  | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |                   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |                    |  |             |  |  |
| SAFETY EQUIPMENT   |                                  |   |  |  |                 |                      |  |            |                     |                       | TRAPPED   |                         | TEST STATUS   |                  |  |                   |   |                    |  |             |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |                         | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |                  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  |   |  |  |                 |                      |  |            |                     |                       | GENDER  |                         | TEST STATUS   |                  |  |                   |   |                    |  |             |  |  |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   |                         | 1 - 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 |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  |   |  |  |                 |                      |  |            |                     |                       | CONDITION   |                         | TEST STATUS   |                  |  |                   |   |                    |  |             |  |  |
| 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 - 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 - 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 |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  |   |  |  |                 |                      |  |            |                     |                       | DRUG TEST TYPE  |                         | TEST STATUS   |                  |  |                   |   |                    |  |             |  |  |
| 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |                         | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |                  |  |                   |   |                    |  |             |  |  |
| INJURIES   |                                  |   |  |  |                 |                      |  |            |                     |                       | DRUG TEST RESULT(S)   |                         | TEST STATUS   |                  |  |                   |   |                    |  |             |  |  |
| 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS  |                                  |   |  |  |                 |                      |  |            |                     |                       | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |                         | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |                  |  |                   |   |                    |  |             |  |  |