

| | | | | | | | | |
|---|--------------------------|---|---|---|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION | | | | | | |
| | | REPORTING AGENCY NAME* | | NCIC* | | | | |
| | | Fairfield Police Department | | 00901 | | | | |
| REFERENCE LOCATION | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | | | |
| | SR | 4 | | Dixie | HW | | | |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | | | |
| | | | | Stadium Dr | DR | | | |
| REFERENCE POINT | | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | CRASH SEVERITY | | | |
| <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE # | | <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE | | | | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | |
| <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | MANNER OF CRASH COLLISION/IMPACT | | | INTERSECTION RELATED | | |
| <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP | | | <input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN | | | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | |
| <input type="checkbox"/> 6 | | | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN | | | <input type="checkbox"/> 2 - NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | DIRECTION OF TRAVEL | MEDIAN TYPE | |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | | 1 - LANE CLOSURE 2 - LANE SHFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST | 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
| <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER/UNKNOWN | | <input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL | | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN | | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> 1 | | <input type="checkbox"/> 1 | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | <input type="checkbox"/> 1 | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN |
| NARRATIVE | | | | | | DIAGRAM | | |
| On 10/4/24 at about 5:13 pm Unit 1 was traveling south east on S.R. 4 and attempted to make a left turn onto Stadium Dr., failing to yield the right of way to Unit 2 which was traveling north west on S.R. 4. and struck Unit 1. | | | | | | | | |
| CRASH REPORTED DATE/TIME | | DISPATCH DATE/TIME | | ARRIVAL DATE/TIME | | SCENE CLEARED DATE/TIME | | REPORT TAKEN BY |
| 10/04/2024 17:13 | | 10/04/2024 17:18 | | 10/04/2024 17:18 | | 10/04/2024 17:41 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD) |
| | | | Gooch, Darin | | Mack, Kevin | | | |
| | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | | |
| | | 160 | | 120 | | | | |

IR24-005474

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
497 MAGIE AVE, FAIRFIELD, OH 45014

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

| | | | | |
|----------------|----------------------------|---|----------------------|-------------------------|
| LP STATE OH | LICENSE PLATE # HYD5151 | VEHICLE IDENTIFICATION # 5NPDH4AE6BH031240 | VEHICLE YEAR 2011 | VEHICLE MAKE Hyundai |
|----------------|----------------------------|---|----------------------|-------------------------|

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|--|---------------------------------|--------------------------------------|----------------|--------------------------|
| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 1705433-SFP-35 | COLOR Black | VEHICLE MODEL Elantra |
|--|---------------------------------|--------------------------------------|----------------|--------------------------|

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

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

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

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

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| 1 CARGO BODY TYPE <input type="checkbox"/> | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN |
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| 1 VEHICLE DEFECTS <input type="checkbox"/> | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|--|--|--|--|--|--------------------|

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

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

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| 2 CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION |
|---|---|---|---|---|--|

SEQUENCE OF EVENTS

| | | | | |
|-------------------------------|---|--|--|--|
| 1 <input type="checkbox"/> | 1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT |
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| 4 <input type="checkbox"/> | 25 - IMPACT ATTENUATOR/ CRASH CUSHION | 31 - GUARDRAIL END PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER | 37 - TRAFFIC SIGN POST OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT | 43 - CURB DITCH 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT |
| 5 <input type="checkbox"/> | 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | 49 - FIRE HYDRANT 99 - OTHER/UNKNOWN |

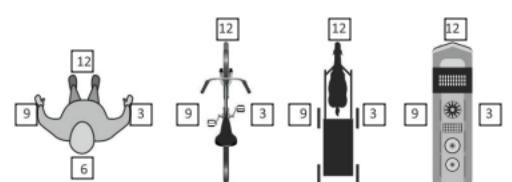
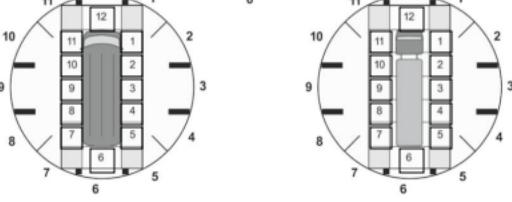
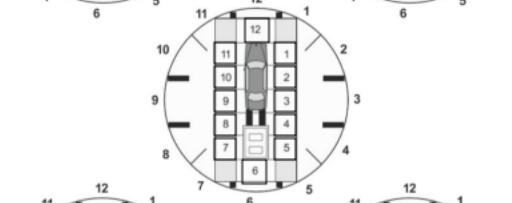
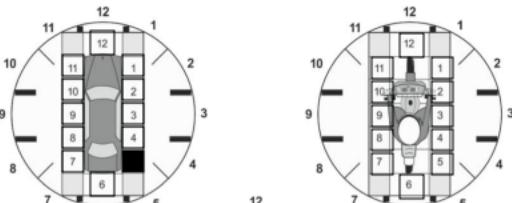
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| 1 <input type="checkbox"/> | FIRST HARMFUL EVENT | 1 MOST HARMFUL EVENT |
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DAMAGE

DAMAGE SCALE

| | | |
|-------------------------------|------------------------------|---|
| 2 <input type="checkbox"/> | 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 <input type="checkbox"/> | 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
|-------------------------------|--|---|

TRAFFIC

| | |
|--|--|
| TRAFFICWAY FLOW 2 <input type="checkbox"/> | TRAFFIC CONTROL 2 1 - ONE-WAY 2 - TWO-WAY |
|--|--|

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| # OF THROUGH LANES ON ROAD 4 <input type="checkbox"/> | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
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|---|---|
| UNIT / NON-MOTORIST DIRECTION FROM 6 TO 5 <input type="checkbox"/> | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN |
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| UNIT SPEED 20 <input type="checkbox"/> | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED |
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IR24-005474

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| UNIT # 2 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) BOND, STACY RENEE | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |
|-------------|--|---|

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3189 ROESCH BLVD UNIT N, FAIRFIELD, OH 45014

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

| | | | | |
|----------------|----------------------------|---|----------------------|------------------------|
| LP STATE OH | LICENSE PLATE # HOT5401 | VEHICLE IDENTIFICATION # 3N1CP5CV8ML546411 | VEHICLE YEAR 2021 | VEHICLE MAKE Nissan |
|----------------|----------------------------|---|----------------------|------------------------|

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| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 2182069-SFP-35 | COLOR Grey | VEHICLE MODEL Kicks |
|--|---------------------------------|--------------------------------------|---------------|------------------------|

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

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

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

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

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

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

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

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

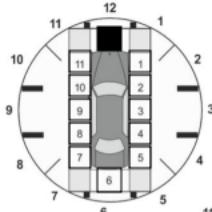
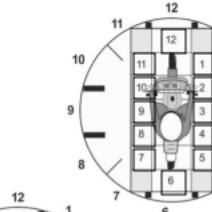
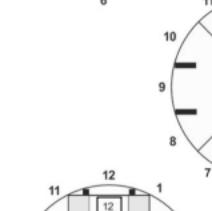
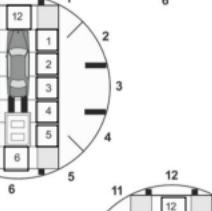
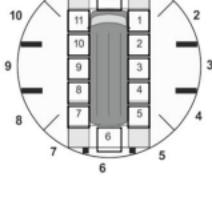
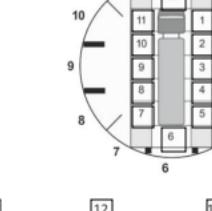
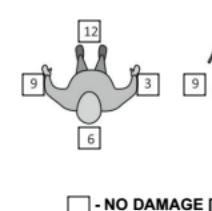
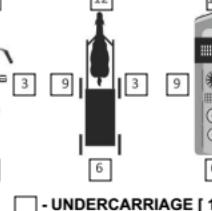
| | | | | | |
|---|---|---|---|---|--|
| 1 CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | 13 - IMPROPER START CLOSE/ACDA POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION |
|---|---|---|---|---|--|

SEQUENCE OF EVENTS

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

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

| | | |
|-------------------------------|---------------------|-------------------------|
| 1 <input type="checkbox"/> | FIRST HARMFUL EVENT | 1 MOST HARMFUL EVENT |
|-------------------------------|---------------------|-------------------------|

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



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER*

IR24-005474

| | | | | | | | | | | | | | | | |
|--|--------|---|--|---|--|--|---|---|-------------------------------|--|--|--|-----------------------------------|----------------|--|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | | AGE | GENDER | | | |
| | 1 | UHL, MICHAEL NELSON | | | | | | 02/10/2007 | | | 17 | M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 497 MAGIE AVE, FAIRFIELD, OH 45014 | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | | 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 1 | |
| OL STATE OH | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 4511.36 | | LOCAL CODE [] | OFFENSE DESCRIPTION Rules for Turns at Intersections | | CITATION NUMBER 2400212052 | | | | | | |
| OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 [] [] | | RESTRICTION SELECT UP TO 3 [] [] [] | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE . | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 [] [] [] [] | | | | |
| UNIT # 2 | | NAME: LAST, FIRST, MIDDLE BOND, STACY RENEE | | | | | | DATE OF BIRTH 11/17/1987 | | | AGE 36 | GENDER F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3189 ROESCH BLVD UNIT N, FAIRFIELD, OH 45014 | | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | | 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 1 | |
| OL STATE OH | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE [] | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | |
| OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 [] [] | | RESTRICTION SELECT UP TO 3 [] [] [] | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE . | DRUG TEST(S) STATUS 1 TYPE 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 [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] | |
| OL STATE [] | | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE [] | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | |
| OL CLASS [] | | ENDORSEMENT SELECT UP TO 2 [] [] | | RESTRICTION SELECT UP TO 3 [] [] [] | | DRIVER DISTRACTED BY [] | ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG | | CONDITION [] | ALCOHOL TEST STATUS [] TYPE [] VALUE . | DRUG TEST(S) STATUS [] TYPE [] RESULT SELECT UP TO 4 [] [] [] [] | | | | |
| INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS | | | | | | | | | | | | | | | |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL | | 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER | | 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN | | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | | |
| INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | | | | |
| SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN | | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | | | | | | | | | | |
| | | | | DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR24-005474

| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|-----------------------------------|---------------|--|------------------|---------------|----------|---------|--------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|------------------|--|--|-------------------------|--|--|------------------|---|---------|--|-----------------|--------------------|------------|--|---|-------------------|---------------------|--|--------------------------|-----------------------------------|--------|--|---|--|------------|--|----------------------|---|----------|--|--|--------------------|---------------------|--|--|---|--|--|--|-------------------|--|--|--|----------------------|
| | 2 | BOND, AHLAH JAMES PATRICK | | | | 03/10/2010 | | 14 | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3189 ROESCH BLVD UNIT N, FAIRFIELD, OH 45014 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER & LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> </tr> <tr> <td colspan="2">1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> </tr> <tr> <td colspan="2">2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> </tr> <tr> <td colspan="2">3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> </tr> <tr> <td colspan="2">9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> </tr> <tr> <td colspan="2">GENDER</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> </tr> <tr> <td colspan="2">F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> </tr> <tr> <td colspan="2">M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> </tr> <tr> <td colspan="2">U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15 - NON-MOTORIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>99 - OTHER / UNKNOWN</td> </tr> </tbody> </table> | | | | | | | | | | | | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | INJURED TAKEN BY | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - EMS | | 8 - HELMET USED | 8 - THIRD - MIDDLE | 3 - POLICE | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 9 - OTHER / UNKNOWN | | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | GENDER | | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | F - FEMALE | | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | M - MALE | | | 13 - TRAILING UNIT | U - OTHER / UNKNOWN | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | 15 - NON-MOTORIST | | | | 99 - OTHER / UNKNOWN |
| INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURED TAKEN BY | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EMS | | 8 - HELMET USED | 8 - THIRD - MIDDLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - POLICE | | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F - FEMALE | | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M - MALE | | | 13 - TRAILING UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U - OTHER / UNKNOWN | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 15 - NON-MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |