

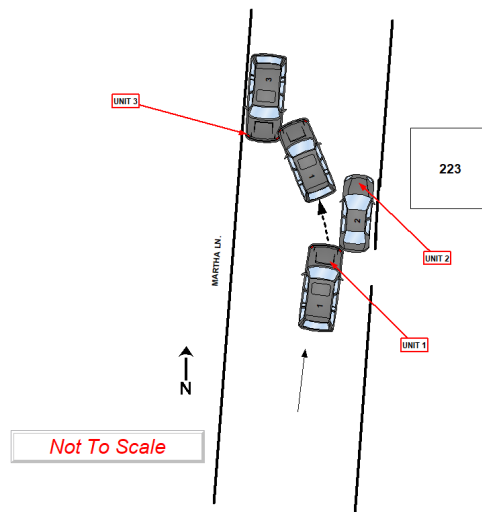
|                                                                                                                                                                                          |                                                           |                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                        |                                                           | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                         | LOCAL INFORMATION |                                                                                                                                                                             | IR24-007027                            |                                                                                                                                                                                                                                                                                                                |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                    |                                                           |                                                                                                                                                                                                                                                                         | NCIC*<br>00901    |                                                                                                                                                                             | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>3                                                                                                                                                                                                                                                                                           |  |
| UNIT IN ERROR<br>1 - FATAL<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                |                                                           |                                                                                                                                                                                                                                                                         | 1                 |                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                |  |
| COUNTY*<br>09                                                                                                                                                                            | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                         |                   |                                                                                                                                                                             | CRASH DATE/TIME*<br>12/24/2024 21:39   |                                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                             |                                                           | LOCATION ROAD NAME<br>Martha                                                                                                                                                                                                                                            |                   | ROAD TYPE<br>LA                                                                                                                                                             | LATITUDE<br>39.327115                  |                                                                                                                                                                                                                                                                                                                |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                             |                                                           | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>223                                                                                                                                                                                                                    |                   | ROAD TYPE                                                                                                                                                                   | LONGITUDE<br>-84.525182                |                                                                                                                                                                                                                                                                                                                |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3                                                                                                                 |                                                           | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                              |                   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |                                        | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                  |                                                           | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                          |                   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES             |                                        |                                                                                                                                                                                                                                                                                                                |  |
| ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                      |                                                           |                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1   |                                                           | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                       |                                        |                                                                                                                                                                                                                                                                                                                |  |
| MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                           | WORK ZONE TYPE<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                                                                                                                         |                   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                        |                                                                                                                                                                                                                                                                                                                |  |
| CONTOUR<br>1                                                                                                                                                                             |                                                           | CONDITIONS<br>1                                                                                                                                                                                                                                                         |                   | SURFACE<br>2                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                                                |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN<br>4        |                                                           | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                   | CRASH REPORTED DATE/TIME<br>12/24/2024 21:39                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                                                |  |
| DISPATCH DATE/TIME<br>12/24/2024 21:41                                                                                                                                                   |                                                           | ARRIVAL DATE/TIME<br>12/24/2024 21:49                                                                                                                                                                                                                                   |                   | SCENE CLEARED DATE/TIME<br>12/24/2024 23:09                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                           |                                                           | OTHER INVESTIGATION TIME<br>30                                                                                                                                                                                                                                          |                   | TOTAL MINUTES<br>118                                                                                                                                                        |                                        |                                                                                                                                                                                                                                                                                                                |  |
| OFFICER'S NAME*<br>Pennekamp, Kaitlyn                                                                                                                                                    |                                                           | CHECKED BY OFFICER'S NAME*<br>Roush, Alexander                                                                                                                                                                                                                          |                   | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                              |                                        |                                                                                                                                                                                                                                                                                                                |  |
| OFFICER'S BADGE NUMBER*<br>177                                                                                                                                                           |                                                           | CHECKED BY OFFICER'S BADGE NUMBER*<br>170                                                                                                                                                                                                                               |                   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                   |                                        |                                                                                                                                                                                                                                                                                                                |  |

## NARRATIVE

On 12/24/24 at approximately 9:39p.m. Unit 1 was traveling north on Martha Lane and when at 223 Martha Lane hit Unit 2 who was parked then over corrected and struck Unit 3 which was parked on the opposite side of the road. Unit 1 was cited for Failure to Control.

Registered owner of the parked cars were notified. Unit 2 did not want any further action.

## DIAGRAM



IR24-007027

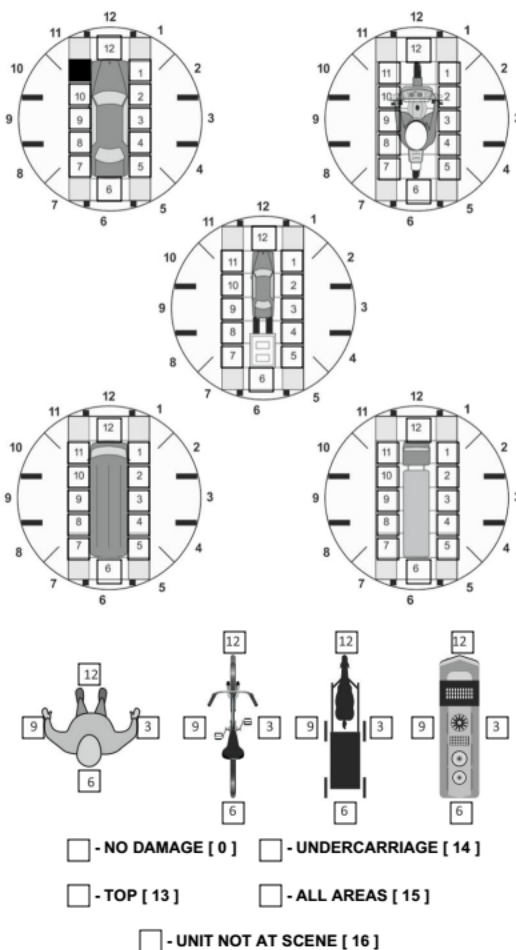
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|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>LOGUN, CHANDRA | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>5256 PLUMWOOD ST, COLUMBUS, OH 43229           |                                                                                               |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>JSU2730                                                                    | VEHICLE IDENTIFICATION #<br>5TDKDRBH1PS522759                          |
| VEHICLE YEAR<br>2023                                                                                                                  |                                                                                               | VEHICLE MAKE<br>Toyota                                                 |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>STATE FARM                                                               | INSURANCE POLICY #<br>3978215SFP35                                     |
| COLOR<br>White                                                                                                                        |                                                                                               | VEHICLE MODEL<br>Highlander                                            |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                               |                                                                        |
| US DOT #                                                                                                                              |                                                                                               |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                               |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                               |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                               |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                               |                                                                        |
| # OCCUPANTS<br>3                                                                                                                      |                                                                                               |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                               |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                               |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                               |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                               |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                               |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                               |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                               |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                               |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                               |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>22                                                                                                      |                                                                                               |                                                                        |
| SEQUENCE OF EVENTS                                                                                                                    |                                                                                               |                                                                        |
| EVENTS                                                                                                                                |                                                                                               |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                  |                                                                                               |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                               |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                               |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

## UNIT SPEED

20

## DETECTED SPEED

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

## POSTED SPEED

25

IR24-007027

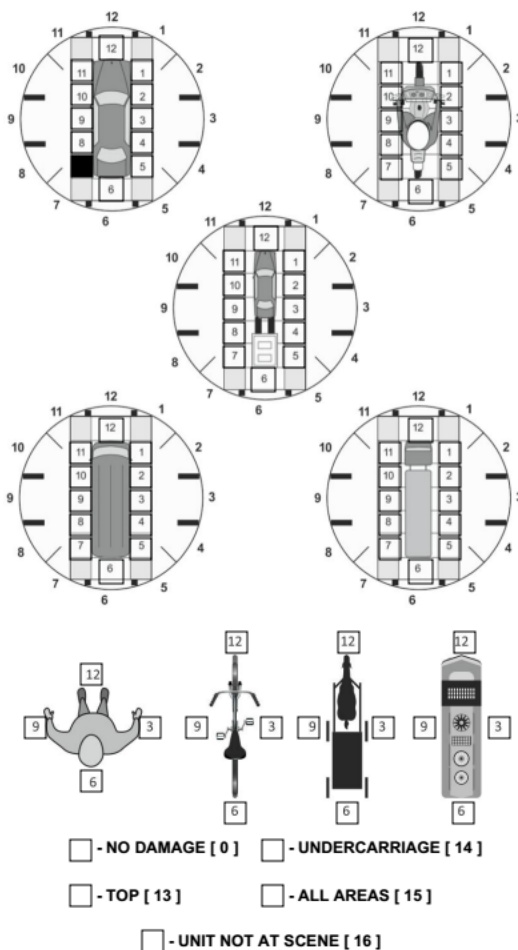
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BENNETT, RICHARD M |                                               | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                     |                          |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2590 DOLPHIN DR, CINCINNATI, OH 45239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                               |                                                                                                                            |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                |                          |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JUZ1144                                                                        | VEHICLE IDENTIFICATION #<br>1C3EL75R96N203580 | VEHICLE YEAR<br>2006                                                                                                       | VEHICLE MAKE<br>Chrysler |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                                                                 |                                               | INSURANCE POLICY #                                                                                                         | COLOR<br>Green           |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | US DOT #                                      | TOWED BY: COMPANY NAME                                                                                                     |                          |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | # OCCUPANTS                                   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> |                          |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                               |                                                                                                                            |                          |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                 |                                                                                                   |                                               |                                                                                                                            |                          |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                               |                                                                                                                            |                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                               |                                                                                                                            |                          |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                               |                                                                                                                            |                          |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                               |                                                                                                                            |                          |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                               |                                                                                                                            |                          |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                               |                                                                                                                            |                          |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>10 - PRE-CRASHES & ACTIONS<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - TRAINING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                        |                                                                                                   |                                               |                                                                                                                            |                          |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                   |                                               |                                                                                                                            |                          |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                     |                                                                                                   |                                               |                                                                                                                            |                          |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                   |                                               |                                                                                                                            |                          |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                               |                                                                                                                            |                          |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                               |                                                                                                                            |                          |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

7 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

## TRAFFIC

|                                                                                                                                                                                         |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                         | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>0                                                                                                                                                                         | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>25                                                                                                                                                                      |                                                                                                                       |

IR24-007027

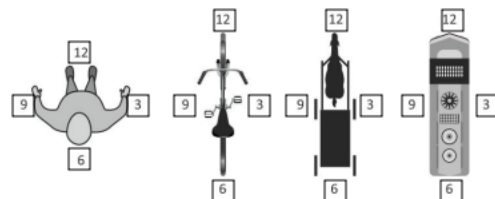
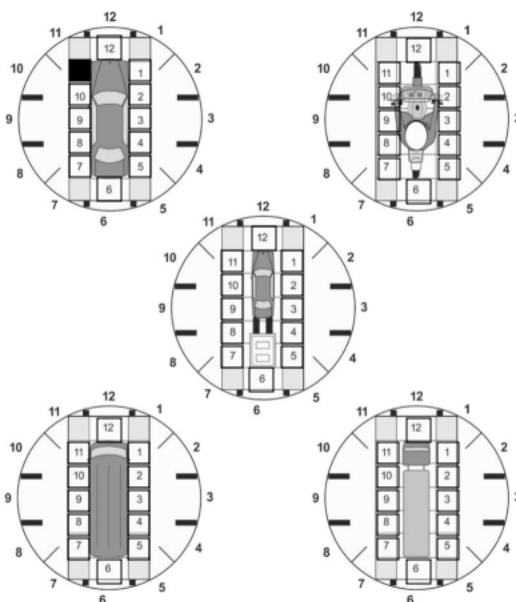
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>RICE, RICHARD DARWIN SR | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>515 EATON AVE, HAMILTON, OH 45013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>DWF6224                                                                             | VEHICLE IDENTIFICATION #<br>KNDJF723067206051                          |
| VEHICLE YEAR<br>2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VEHICLE MAKE<br>Kia                                                                                    |                                                                        |
| INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE COMPANY<br>STATE FARM                                                                        | INSURANCE POLICY #<br>3136519-SFP-35                                   |
| COLOR<br>Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VEHICLE MODEL<br>Sportage                                                                              |                                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| UNIT TYPE<br>3 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                        |
| ACTION<br>4 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>10 - PRE-CRASHES & ACTIONS<br>9 - OTHER/UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                   |                                                                                                        |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                        |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                     |                                                                                                        |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                        |                                                                        |
| FIRST HARMFUL EVENT<br>1 - MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                        |

## DAMAGE

## DAMAGE SCALE

4 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

11 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

25



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | LOGUN, CHANDRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                               |                                                                                                            | 12/07/1974                                                                                                                                                                   |                  | 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M        |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| 5256 PLUMWOOD ST, COLUMBUS, OH 43229                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                      | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 4                                                                                                          |                                                                                                                                                                              | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | 1                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                          |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 331.34a                                                                                                                                       |                                                                                                            | Failure to Control                                                                                                                                                           |                  | 2400281253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 9                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              | 1                | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | .                                                                                                                                                                                                                                                                                                                                                                                              | 1      | 1                                                                                                                                                            |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              |                  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER   |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                              | CONDITION        | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | DRUG TEST(S)                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                              |                  | STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE     | VALUE                                                                                                                                                                                                                                                                                                                                                                                          | STATUS | TYPE                                                                                                                                                         | RESULT SELECT UP TO 4 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                              |                       |  |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |          | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | AIR BAG                                                                                                                                       |                                                                                                            | OL CLASS                                                                                                                                                                     |                  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |        | TEST STATUS                                                                                                                                                  |                       |  |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |          | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                            | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                                                                                            | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                           |                  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - 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                                                                                                                                                               |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | ALCOHOL TEST TYPE                                                                                                                                            |                       |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                         |                                                                                                            | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |                       |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                                                                            | GENDER                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |        | DRUG TEST TYPE                                                                                                                                               |                       |  |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 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                                                                                                              |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | DRUG TEST RESULT(S)                                                                                                                                          |                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                |        | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                       |  |  |  |

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR24-007027

|                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         |                                                                                                                                               |                 |                |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          | 1                                                                              | BISWAKARMA, SAN BAHADUR                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 05/01/1972                                       |                         | 52                                                                                                                                            | M               |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1062 SAWYER AVE, AKRON, OH 44310   |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>INJURIES</b>                                                                | <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                       | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                                                                                                                          | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          | 5                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 3                       | 1                                                                                                                                             | 1               | 1              |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          | 1                                                                              | DUDHRAJ, DHAN MAN                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01/01/1959                                       |                         | 65                                                                                                                                            | M               |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1046 WOODWARD AVE, AKRON, OH 44310 |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>INJURIES</b>                                                                | <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                       | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                                                                                                                          | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          | 5                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 6                       | 1                                                                                                                                             | 1               | 1              |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>INJURIES</b>                                                                | <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                       | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                                                                                                                          | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         |                                                                                                                                               |                 |                |
| <b>OCCUPANT</b>                                                                                                          | <b>UNIT #</b>                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b>                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
|                                                                                                                          | <b>INJURIES</b>                                                                | <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                       | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                                                                                                                          | <b>EJECTION</b> | <b>TRAPPED</b> |
|                                                                                                                          |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         |                                                                                                                                               |                 |                |
| <b>INJURY</b>                                                                                                            |                                                                                | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                        | <b>SEATING POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                         | <b>AIR BAG USAGE</b>                                                                                                                          |                 |                |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                                                                | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                          |                                                        | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                                                  |                         | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                 |                |
| <b>INJURED TAKEN BY</b>                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         | <b>EJECTION</b>                                                                                                                               |                 |                |
| 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                                                         |                 |                |
| <b>GENDER</b>                                                                                                            |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         | <b>TRAPPED</b>                                                                                                                                |                 |                |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                            |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                         | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                 |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |
| <b>WITNESS</b>                                                                                                           | <b>NAME: LAST, FIRST, MIDDLE</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>                                                                                                                                    | <b>GENDER</b>   |                |
|                                                                                                                          | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                                                                                                                                               |                 |                |