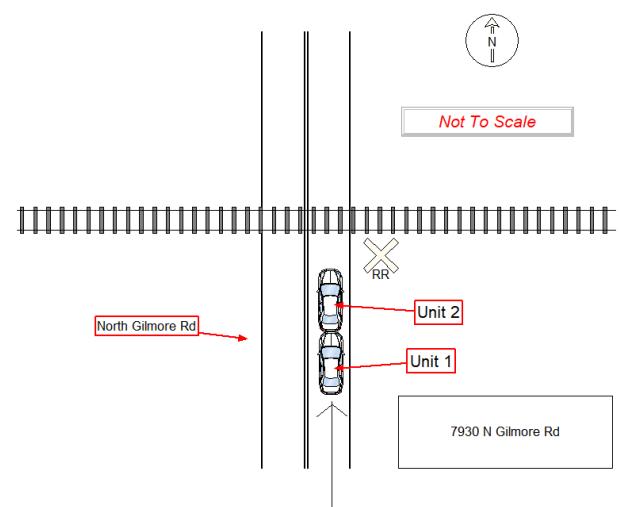


|  |                               |   |  |  |   |   |                 |   |
|--|-------------------------------|---|--|--|---|---|-----------------|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |                               | LOCAL INFORMATION   |  |  |   | LOCAL REPORT NUMBER*  |                 |   |
|  |                               | REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901  |  |  |   | HIT/SKIP  | NUMBER OF UNITS | UNIT IN ERROR   |
|  |                               |   |  |  |   | 1 - SOLVED<br>2 - UNSOLVED  | 2               | 1<br>98 - ANIMAL<br>99 - UNKNOWN  |
| REFERENCE LOCATION   | ROUTE TYPE                    | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME   | ROAD TYPE   | CRASH DATE/TIME* 12/27/2024 20:20   |                 |   |
|  | ROUTE TYPE                    | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  | ROAD TYPE   | LATITUDE 39.347506<br>LONGITUDE -84.520237  |                 |   |
| REFERENCE POINT  |                               | DIRECTION FROM REFERENCE<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                            | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA         |   |                 |   |
| DISTANCE FROM REFERENCE  |                               | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |  | NUMBER OF APPROACHES<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  |                               |   | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN    | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - BETWEEN<br>3 - TWO MOTOR VEHICLES IN<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>8 - SIDESWIPE, OPPOSITE<br>9 - HEAD-ON<br>10 - OTHER/UNKNOWN   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN<br>(< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>(ANY TYPE)<br>9 - OTHER/UNKNOWN |                 |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |                               | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING<br>WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>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   |                               | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN                                      | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN   | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN   |                 |   |
| NARRATIVE<br>On 12/27/2024 at around 8:20 P.M. Unit 1 was traveling north on North Gilmore Road at approximately 15 M.P.H. and when at 8375 North Gilmore Road failed to stop with in the assured clear distance ahead and in so doing struck Unit 2 which was also north on North Gilmore Road and stopped at the rail road crossing. |                               |   |  | DIAGRAM<br><br><small>Not To Scale</small>   |   |   |                 |   |
| CRASH REPORTED DATE/TIME<br>12/27/2024 20:20   |                               | DISPATCH DATE/TIME<br>12/27/2024 20:22  |  | ARRIVAL DATE/TIME<br>12/27/2024 20:28  |   | SCENE CLEARED DATE/TIME<br>12/27/2024 20:53   |                 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0   | OTHER INVESTIGATION TIME<br>0 | TOTAL MINUTES<br>31   | OFFICER'S NAME*<br>Frazier, Connor   |  | CHECKED BY OFFICER'S NAME*<br>Fleenor, Ryan   |   |                 | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)        |
|  |                               |   | OFFICER'S BADGE NUMBER*<br>158   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>117   |   |                 |   |

IR24-007060

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
1912 PATER AVE, HAMILTON, OH 45011COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HKC2286 VEHICLE IDENTIFICATION # 5XXGT4L35JG232645 VEHICLE YEAR 2018 VEHICLE MAKE Kia

INSURANCE VERIFIED  INSURANCE COMPANY AMERICAN FAMILY INSURANCE INSURANCE POLICY # 410820705045 COLOR Silver VEHICLE MODEL Optima

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

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

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

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

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

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

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

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

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

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

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION | 31 - GUARDRAIL END<br>PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER | 37 - TRAFFIC SIGN POST<br>OVERHEAD SIGN<br>POST | 43 - CURB<br>DITCH<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT |
|---|---|--|---|---|---|

|        |   |   |  |  |
|--------|---|---|--|--|
| 5<br>6 | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>99 - OTHER/UNKNOWN |
|--------|---|---|--|--|

|   |                     |                         |
|---|---------------------|-------------------------|
| 1 | FIRST HARMFUL EVENT | 1<br>MOST HARMFUL EVENT |
|---|---------------------|-------------------------|

LOCAL REPORT NUMBER\*

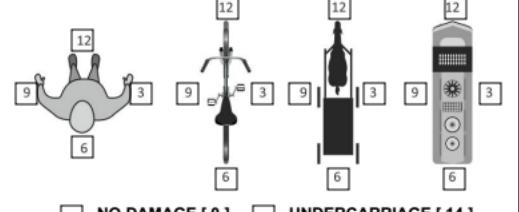
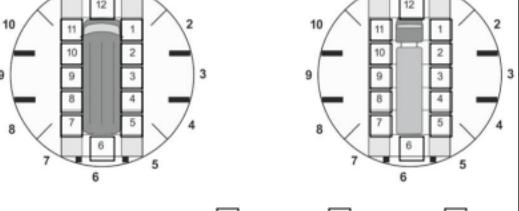
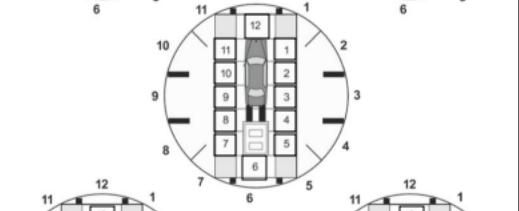
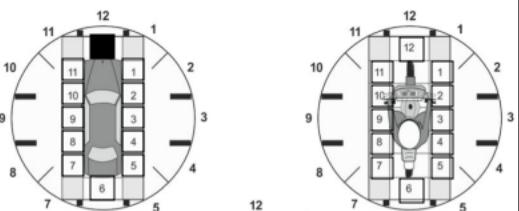
IR24-007060

## DAMAGE

## DAMAGE SCALE

|                                       |                              |   |
|---------------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 2 | 1 - NONE<br>2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE<br>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

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

## TRAFFIC

|  |  |
|--|--|
| TRAFFICWAY FLOW<br><input checked="" type="checkbox"/> 2<br>1 - ONE-WAY<br>2 - TWO-WAY | TRAFFIC CONTROL<br><input checked="" type="checkbox"/> 6<br>1 - ROUNDABOUT4 - STOP SIGN<br>2 - SIGNAL5 - YIELD SIGN<br>3 - FLASHER6 - NO CONTROL |
|--|--|

|   |   |
|---|---|
| # OF THROUGH LANES ON ROAD<br><input checked="" type="checkbox"/> 2 | RAIL GRADE CROSSING<br><input checked="" type="checkbox"/> 2<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---|---|

|  |   |
|--|---|
| UNIT / NON-MOTORIST DIRECTION<br>FROM <input checked="" type="checkbox"/> 2 TO <input checked="" type="checkbox"/> 1 | 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><input checked="" type="checkbox"/> 15   | DETECTED SPEED<br><input checked="" type="checkbox"/> 1<br>1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br><input checked="" type="checkbox"/> 35 |  |

IR24-007060

|             |   |  |
|-------------|---|--|
| UNIT #<br>2 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>FOX, ERNEST E | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|-------------|---|--|

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
9162 ERIE CIR, WEST CHESTER, OH 45069

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|                |                            |   |                      |                     |
|----------------|----------------------------|---|----------------------|---------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>HVE2433 | VEHICLE IDENTIFICATION #<br>KNAFX5A8XF5304386 | VEHICLE YEAR<br>2015 | VEHICLE MAKE<br>Kia |
|----------------|----------------------------|---|----------------------|---------------------|

|                       |                                 |                                    |               |                        |
|-----------------------|---------------------------------|------------------------------------|---------------|------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>STATE FARM | INSURANCE POLICY #<br>2442769SFP35 | COLOR<br>Blue | VEHICLE MODEL<br>Forte |
|-----------------------|---------------------------------|------------------------------------|---------------|------------------------|

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

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

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

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

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

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

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

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

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

#### SEQUENCE OF EVENTS

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

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

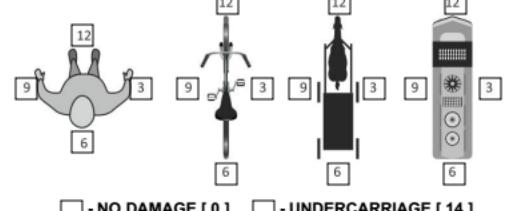
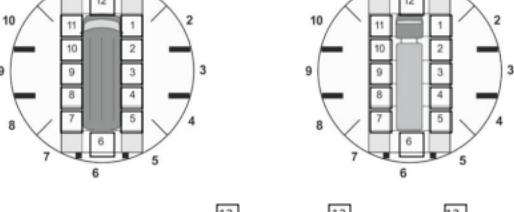
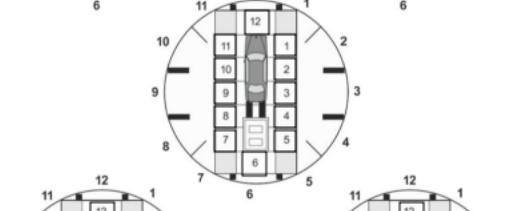
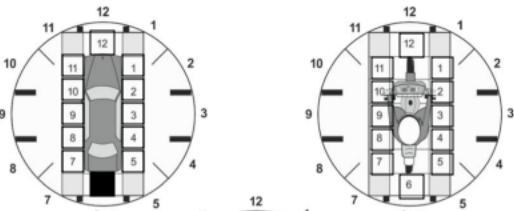
#### DAMAGE

#### DAMAGE SCALE

2 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR 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

6 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

#### TRAFFIC

|                      |                      |
|----------------------|----------------------|
| TRAFFICWAY FLOW<br>2 | TRAFFIC CONTROL<br>6 |
|----------------------|----------------------|

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

|                                    |                          |
|------------------------------------|--------------------------|
| # OF THROUGH LANES<br>ON ROAD<br>2 | RAIL GRADE CROSSING<br>2 |
|------------------------------------|--------------------------|

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

|  |
|--|
| UNIT / NON-MOTORIST DIRECTION<br>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<br>0 | DETECTED SPEED<br>1 |
|-----------------|---------------------|

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

|                    |
|--------------------|
| POSTED SPEED<br>35 |
|--------------------|



## MOTORIST / NON-MOTORIST

---

**LOCAL REPORT NUMBER**

IR24-007060

| MOTORIST / NON-MOTORIST               | Accident Report Form   |   |   |  |   |  |  |            |                       |                         | DATE OF BIRTH                     | AGE              | GENDER           |               |               |          |          |         |         |
|---------------------------------------|--|---|---|--|---|--|--|------------|-----------------------|-------------------------|-----------------------------------|------------------|------------------|---------------|---------------|----------|----------|---------|---------|
|                                       | UNIT #   | NAME: LAST, FIRST, MIDDLE   |   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| 1                                     | CRYPE, DARREN LEE  |   |   |  |   |  |  |            |                       |                         | 11/01/1966                        |                  |                  | 58            | M             |          |          |         |         |
| ADDRESS: STREET, CITY, STATE, ZIP     |  |   |   |  |   |  |  |            |                       |                         | CONTACT PHONE - INCLUDE AREA CODE |                  |                  |               |               |          |          |         |         |
| 1912 PATER AVE, HAMILTON, OH 45011    |  |   |   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | INJURIES   | INJURED TAKEN BY  | EMS AGENCY (NAME)   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  |            | SAFETY EQUIPMENT USED | 4                       | DOT-COMPLIANT MC HELMET           |                  | SEATING POSITION | 1             | AIR BAG USAGE | 1        | EJECTION | 1       | TRAPPED |
|                                       | OL STATE   | OPERATOR LICENSE NUMBER   |   |  | OFFENSE CHARGED   |  |  | LOCAL CODE | ACDA                  |                         |                                   | CITATION NUMBER  |                  |               |               |          |          |         |         |
| OL CLASS                              | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   |  | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED   |  |            | CONDITION             | ALCOHOL TEST            |                                   |                  | DRUG TEST(S)     |               |               |          |          |         |         |
| 4                                     | <input type="checkbox"/>   | <input type="checkbox"/>  |   |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  |            | 1                     | 1                       | 1                                 | 1                | 1                | 1             | 1             | 1        |          |         |         |
| MOTORIST / NON-MOTORIST               | UNIT #   | NAME: LAST, FIRST, MIDDLE   |   |  |   |  |  |            |                       |                         |                                   | DATE OF BIRTH    |                  |               | AGE           | GENDER   |          |         |         |
|                                       | 2  | FOX, PATRICIA G   |   |  |   |  |  |            |                       |                         |                                   | 01/06/1947       |                  |               | 77            | F        |          |         |         |
| ADDRESS: STREET, CITY, STATE, ZIP     |  |   |   |  |   |  |  |            |                       |                         | CONTACT PHONE - INCLUDE AREA CODE |                  |                  |               |               |          |          |         |         |
| 9162 ERIE CIR, WEST CHESTER, OH 45069 |  |   |   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | INJURIES   | INJURED TAKEN BY  | EMS AGENCY (NAME)   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  |            | SAFETY EQUIPMENT USED | 4                       | DOT-COMPLIANT MC HELMET           |                  | SEATING POSITION | 1             | AIR BAG USAGE | 1        | EJECTION | 1       | TRAPPED |
|                                       | OL STATE   | OPERATOR LICENSE NUMBER   |   |  | OFFENSE CHARGED   |  |  | LOCAL CODE | OFFENSE DESCRIPTION   |                         |                                   | CITATION NUMBER  |                  |               |               |          |          |         |         |
| OL CLASS                              | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   |  | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED   |  |            | CONDITION             | ALCOHOL TEST            |                                   |                  | DRUG TEST(S)     |               |               |          |          |         |         |
| 4                                     | <input type="checkbox"/>   | <input type="checkbox"/>  |   |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  |            | 1                     | 1                       | 1                                 | 1                | 1                | 1             | 1             |          |          |         |         |
| MOTORIST / NON-MOTORIST               | 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 | 1                | AIR BAG USAGE | 1             | EJECTION | 1        | TRAPPED |         |
|                                       | OL STATE   | OPERATOR LICENSE NUMBER   |   |  | OFFENSE CHARGED   |  |  | LOCAL CODE | OFFENSE DESCRIPTION   |                         |                                   | CITATION NUMBER  |                  |               |               |          |          |         |         |
| OL CLASS                              | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |   |  | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED   |  |            | CONDITION             | ALCOHOL TEST            |                                   |                  | DRUG TEST(S)     |               |               |          |          |         |         |
| 4                                     | <input type="checkbox"/>   | <input type="checkbox"/>  |   |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  |            | 1                     | 1                       | 1                                 | 1                | 1                | 1             |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | 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  | 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 |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | INJURED TAKEN BY   | EJECTION  | OL ENDORSEMENT  | TEST STATUS  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
|                                       | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN  |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | SAFETY EQUIPMENT   | TRAPPED   | CONDITION   | TEST STATUS  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
|                                       | 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | DRUG TEST TYPE   | GENDER  | TEST STATUS   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
|                                       | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  | 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 |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
| MOTORIST / NON-MOTORIST               | DRUG TEST RESULT(S)  | TEST STATUS   |   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |
|                                       | 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   | 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 |   |  |   |  |  |            |                       |                         |                                   |                  |                  |               |               |          |          |         |         |

IR24-007060

| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|---|---|---|--|---|---|-----------------------------------|--|------------------|---------------|----------|---------|--------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|------------------|--|--|-------------------------|--|--|------------------|---|---------|--|-----------------|--------------------|------------|--|---|-------------------|---------------------|--|--------------------------|-----------------------------------|--------|--|---|--|------------|--|----------------------|---|----------|--|--|--------------------|---------------------|--|--|---|--|--|--|-------------------|--|--|--|----------------------|
|   | 1   | CRIPE, SUE A                                  |  |   |   | 09/06/1964                        |  | 60               | F             |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1912 PATER AVE, FAIRFIELD TWP, OH 45015  |   |   |  |   | CONTACT PHONE - INCLUDE AREA CODE               |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES  |   | INJURED TAKEN BY                              | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                           | 4                                 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES  |   | INJURED TAKEN BY                              | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                           |                                   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES  |   | INJURED TAKEN BY                              | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                           |                                   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES  |   |   | INJURED TAKEN BY   | EMS AGENCY (NAME)                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> </tr> <tr> <td colspan="2">1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> </tr> <tr> <td colspan="2">2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> </tr> <tr> <td colspan="2">3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> </tr> <tr> <td colspan="2">9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> </tr> <tr> <td colspan="2">GENDER</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> </tr> <tr> <td colspan="2">F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> </tr> <tr> <td colspan="2">M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> </tr> <tr> <td colspan="2">U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15 - NON-MOTORIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>99 - OTHER / UNKNOWN</td> </tr> </tbody> </table> |   |   |  |   |   |                                   |  |                  |               |          |         | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | INJURED TAKEN BY |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - EMS |  | 8 - HELMET USED | 8 - THIRD - MIDDLE | 3 - POLICE |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 9 - OTHER / UNKNOWN |  | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | GENDER |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | F - FEMALE |  | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | M - MALE |  |  | 13 - TRAILING UNIT | U - OTHER / UNKNOWN |  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |  |  | 15 - NON-MOTORIST |  |  |  | 99 - OTHER / UNKNOWN |
| INJURY  | SAFETY EQUIPMENT USED                       | SEATING POSITION                              | AIR BAG USAGE  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 1 - FATAL   | 1 - NONE USED - VEHICLE OCCUPANT            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)     | 1 - NOT DEPLOYED   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 2 - SUSPECTED SERIOUS INJURY  | 2 - SHOULDER BELT ONLY USED                 | 2 - FRONT - MIDDLE                            | 2 - DEPLOYED FRONT   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 3 - SUSPECTED MINOR INJURY  | 3 - LAP BELT ONLY USED                      | 3 - FRONT - RIGHT SIDE                        | 3 - DEPLOYED SIDE  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 4 - POSSIBLE INJURY   | 4 - SHOULDER & LAP BELT USED                | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 5 - NO APPARENT INJURY  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE                           | 5 - NOT APPLICABLE   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURED TAKEN BY  |   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  |   | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 2 - EMS   |   | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 3 - POLICE  |   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 9 - OTHER / UNKNOWN   |   | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| GENDER  |   | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| F - FEMALE  |   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| M - MALE  |   |   | 13 - TRAILING UNIT   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| U - OTHER / UNKNOWN   |   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 15 - NON-MOTORIST  |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 99 - OTHER / UNKNOWN   |   |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |   |   | DATE OF BIRTH                     |  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |