

## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER  |  | LOCAL INFORMATION  |  | IR23-002165  |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department  |  |   |  | NCIC*<br>00901   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br>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>09/01/2023 10:01   |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | ROUTE NUMBER<br>1   |  | LOCATION ROAD NAME<br>MAGIE  |  | ROAD TYPE<br>AV  |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>1035  |  | ROAD TYPE<br>AV   |  | LATITUDE<br>39.345049  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |  |
| 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<br>1   |  | 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<br>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>2   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>1   |  | 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 RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/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>3   |  |
| 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<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 |  | CONDITIONS<br>1  |  | SURFACE<br>2   |  |
| NARRATIVE<br>On September 1, 2023 at about 10:01 A.M. Unit 1 went left of center, hit the curb and then struck a fire hydrant. The driver then fled the scene. The hydrant broke off the pipe. It is owned by the City of Fairfield, 5300 Pleasant Ave Fairfield, OH 45014 |  |   |  | DIAGRAM<br>  |  |  |  |
| CRASH REPORTED DATE/TIME<br>09/01/2023 10:04   |  | DISPATCH DATE/TIME<br>09/01/2023 10:05  |  | ARRIVAL DATE/TIME<br>09/01/2023 10:11  |  | SCENE CLEARED DATE/TIME<br>09/01/2023 10:33  |  |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>20  |  | TOTAL MINUTES<br>48  |  | OFFICER'S NAME*<br>Corner, Robert  |  |
|  |  |   |  | OFFICER'S BADGE NUMBER*<br>85  |  | CHECKED BY OFFICER'S NAME*<br>Ervin, Rebecca   |  |
|  |  |   |  |  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>116  |  |
|  |  |   |  |  |  | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OODPS)   |  |

IR23-002165

|  |   |  |  |                         |
|--|---|--|--|-------------------------|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>U- HAUL OF ARIZONA |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |                         |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2727 N CENTRAL AVE 3 SOUTH, PHOENIX, AZ 85036   |   |  |  |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>UHAUL, 11800 READING ROAD, CINCINNATI, OH 45241   |   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |                         |
| LP STATE<br>AZ   | LICENSE PLATE #<br>AJ56562  | VEHICLE IDENTIFICATION #<br>1GDY7RF6K1282581   | VEHICLE YEAR<br>2019   | VEHICLE MAKE<br>GMC     |
| INSURANCE<br>VERIFIED  | INSURANCE COMPANY<br>REPEST   | INSURANCE POLICY #<br>SO12   | COLOR<br>White   | VEHICLE MODEL<br>Savana |
| 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<br>EQUIPPED <input type="checkbox"/>   |   | HIT/SKIP UNIT<br><input checked="" type="checkbox"/>   | # 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 CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> |  |                         |
| <div> <div>5</div> <div>UNIT TYPE</div> <div> 1 - PASSENGER CAR<br/>2 - PASSENGER VAN (MINIVAN)<br/>3 - SPORT UTILITY VEHICLE<br/>4 - PICK UP<br/>5 - CARGO VAN<br/>6 - MOTORCYCLE<br/>7 - 2-WHEELED<br/>8 - MOTORCYCLE<br/>9 - 3-WHEELED<br/>10 - AUTOCYCLE<br/>11 - MOPED OR MOTORIZED BICYCLE<br/>12 - ALL TERRAIN VEHICLE (ATV/UTV) </div> </div>  |   |  |  |                         |
| # OF TRAILING UNITS<br>0   |   |  |  |                         |
| <div> <div>2</div> <div>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</div> <div> 1 - YES 2 - NO 9 - OTHER/UNKNOWN </div> </div>   |   |  |  |                         |
| <div> <div>1</div> <div>SPECIAL FUNCTION</div> <div> 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 </div> </div>  |   |  |  |                         |
| <div> <div>6</div> <div>CARGO BODY TYPE</div> <div> 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 </div> </div>  |   |  |  |                         |
| <div> <div>VEHICLE DEFECTS</div> <div> 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 </div> </div>  |   |  |  |                         |
| <div> <div>NON-MOTORIST LOCATION AT IMPACT</div> <div> 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 </div> </div>  |   |  |  |                         |
| <div> <div>3</div> <div>ACTION</div> <div> 1 - NON-CONTACT<br/>2 - NON-COLLISION<br/>3 - STRIKING<br/>4 - STRUCK<br/>5 - BOTH STRIKING &amp; STRUCK<br/>6 - PRE-CRASH ACTIONS<br/>7 - MAKING RIGHT TURN<br/>8 - MAKING LEFT TURN<br/>9 - MAKING U-TURN<br/>10 - STRAIGHT AHEAD<br/>11 - CHANGING LANES<br/>12 - OVERTAKING/ PASSING<br/>13 - ENTERING TRAFFIC<br/>14 - BACKING<br/>15 - LEAVING TRAFFIC<br/>16 - PARKED<br/>17 - SLOWING OR STOPPED IN TRAFFIC<br/>18 - DRIVERLESS<br/>19 - NEGOTIATING A CURVE<br/>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br/>21 - WALKING, RUNNING, JOGGING, PLAYING<br/>22 - WORKING<br/>23 - PUSHING VEHICLE<br/>24 - APPROACHING OR LEAVING VEHICLE<br/>25 - STANDING<br/>26 - OTHER NON-MOTORIST<br/>27 - STANDING OUTSIDE DISABLED VEHICLE<br/>99 - OTHER/UNKNOWN </div> </div> |   |  |  |                         |
| <div> <div>99</div> <div>CONTRIBUTING CIRCUMSTANCES</div> <div> 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 </div> </div>  |   |  |  |                         |
| SEQUENCE OF EVENTS   |   |  |  |                         |
| <div> <div>11</div> <div>EVENTS</div> <div> 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<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 </div> </div>  |   |  |  |                         |
| COLLISION WITH FIXED OBJECT - STRUCK   |   |  |  |                         |
| <div> <div>25</div> <div>25 - IMPACT ATTENUATOR/ CRASH CUSHION</div> <div> 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 </div> </div>   |   |  |  |                         |
| FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3   |   |  |  |                         |

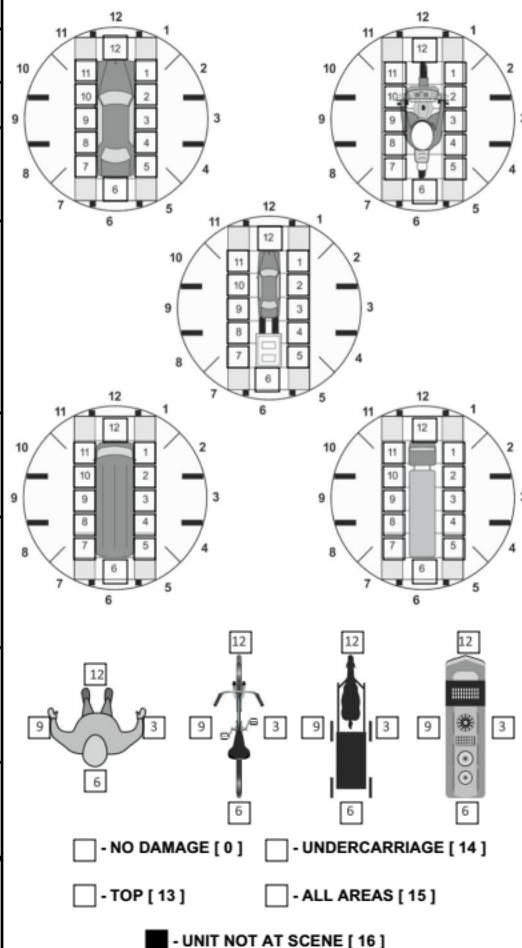
DAMAGE

DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

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

TRAFFIC

|   |   |
|---|---|
| TRAFFICWAY FLOW<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 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 5 TO 8<br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN |   |
| UNIT SPEED<br>25  | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>25  |   |



| LOCAL REPORT NUMBER*   |  |  |  |  |  |  |  |   |        |
|--|--|--|--|--|--|--|--|---|--------|
| UNIT #   |  | NAME: LAST, FIRST, MIDDLE  |  |  |  | DATE OF BIRTH  |  | AGE   | GENDER |
| 1  |  | MONROE, CHRISTOPHER ALLEN  |  |  |  | 08/25/1983   |  | 40  | M      |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE  |  |   |        |
| 891 SHADY LN, FAIRFIELD, OH 45014  |  |  |  |  |  |  |  |   |        |
| INJURIES   |  | INJURED TAKEN BY   |  | EMS AGENCY (NAME)  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  | SAFETY EQUIPMENT USED   |        |
| 5  |  |  |  |  |  |  |  | 99  |        |
| DOT-COMPLIANT MC HELMET  |  | SEATING POSITION   |  | AIR BAG USAGE  |  | EJECTION   |  | TRAPPED   |        |
| 1  |  | 1  |  | 1  |  | 1  |  | 1   |        |
| OL STATE   |  | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED  |  | LOCAL CODE   |  | OFFENSE DESCRIPTION   |        |
|  |  |  |  |  |  |  |  |   |        |
| OL CLASS   |  | ENDORSEMENT SELECT UP TO 2   |  | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   |  | ALCOHOL / DRUG SUSPECTED  |        |
| 6  |  |  |  |  |  | 9  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |        |
| CONDITION  |  | ALCOHOL TEST   |  | DRUG TEST(S)   |  |  |  |   |        |
| 9  |  | 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  |  |   |        |
|  |  |  |  |  |  |  |  |   |        |
| 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   |        |
|  |  |  |  |  |  |  |  |   |        |
| OL CLASS   |  | ENDORSEMENT SELECT UP TO 2   |  | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   |  | ALCOHOL / DRUG SUSPECTED  |        |
|  |  |  |  |  |  |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |        |
| CONDITION  |  | ALCOHOL TEST   |  | DRUG TEST(S)   |  |  |  |   |        |
|  |  | 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  |  |   |        |
|  |  |  |  |  |  |  |  |   |        |
| 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   |        |
|  |  |  |  |  |  |  |  |   |        |
| OL CLASS   |  | ENDORSEMENT SELECT UP TO 2   |  | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   |  | ALCOHOL / DRUG SUSPECTED  |        |
|  |  |  |  |  |  |  |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |        |
| CONDITION  |  | ALCOHOL TEST   |  | DRUG TEST(S)   |  |  |  |   |        |
|  |  | STATUS TYPE VALUE  |  | STATUS TYPE RESULT SELECT UP TO 4  |  |  |  |   |        |
|  |  |  |  |  |  |  |  |   |        |
| INJURIES   |  | SEATING POSITION   |  | AIR BAG  |  | OL CLASS   |  | OL RESTRICTION(S)   |        |
| 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 |        |
| INJURED TAKEN BY   |  | EJECTION   |  | OL ENDORSEMENT   |  | DRIVER DISTRACTION   |  | 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<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  |        |
| 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\*

IR23-002165

| 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                |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
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| 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>INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>EJECTION</td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td>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> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></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 | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 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  | 9 - DEPLOYMENT UNKNOWN             |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - EMS   | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - POLICE  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  | 2 - PARTIALLY EJECTED              |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 9 - OTHER / UNKNOWN   | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| GENDER  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| F - FEMALE  | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| M - MALE  |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| U - OTHER / UNKNOWN   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   | 99 - OTHER / UNKNOWN   |                                    |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                     |  |                                    |   |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 1041 MAGIE AVE, FAIRFIELD, OH 45014           |  |                                    |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 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                |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   |   |  |                                    |   |                       |  |                  |               |          |         |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |                         |                        |  |                  |   |          |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |        |   |  |                    |            |                      |   |         |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |