

|  |                                |   |   |  |  |   |                                      |   |  |
|--|--------------------------------|---|---|--|--|---|--------------------------------------|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |                                | LOCAL INFORMATION   |   |  |  | LOCAL REPORT NUMBER*  |                                      |   |  |
|  |                                | REPORTING AGENCY NAME* NCIC*<br>Fairfield Police Department 00901   |   |  |  | HIT/SKIP  | NUMBER OF UNITS                      | UNIT IN ERROR   |  |
| COUNTY*<br>09  |                                | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield   |  |  |   | 1 - SOLVED<br>2 - UNSOLVED           | 3   | 1<br>98 - ANIMAL<br>99 - UNKNOWN   |
| REFERENCE<br>LOCATION  | ROUTE TYPE<br>SR               | ROUTE NUMBER<br>4   | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME<br>Muhlhauser   |  | ROAD TYPE<br>RD   | CRASH DATE/TIME*<br>08/26/2023 20:33 |   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|  | ROUTE TYPE<br>REFERENCE        | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  |  | ROAD TYPE<br>RD   | LATITUDE<br>39.316483                |   | LONGITUDE<br>-84.478696  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |                                | 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 | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |   |                                      | NUMBER OF APPROACHES<br>4   |  |
| DISTANCE FROM REFERENCE  |                                | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   |  | 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  |                                |   | 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 TRANSPORT<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - HEAD-ON<br>9 - OTHER/UNKNOWN  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (> 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                      |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT   |                                | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING SIGN<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA              | CONTOUR<br>1   | CONDITIONS<br>1  | SURFACE<br>2  |                                      |   |  |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE  |                                |   |   |  |  | 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   |                                      |   |  |
| 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   | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<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 08/26/2023 at around 8:33 P.M., unit 1 was traveling northbound on SR4 (Dixie Hwy). Unit 1 ran the red light at SR4 (Dixie Hwy) and Muhlhauser Rd, striking unit 2, which was traveling in the left-hand lane westbound on Muhlhauser Rd. Unit 2 was pushed into unit 3, which was also westbound on Muhlhauser Rd in the right-hand lane, causing unit 3 to roll over. Unit 1 driver fled the scene prior to officer's arrival. |                                |   |   | DIAGRAM<br>  |  |   |                                      |   |  |
| CRASH REPORTED DATE/TIME<br>08/26/2023 20:33   |                                | DISPATCH DATE/TIME<br>08/26/2023 20:36  |   | ARRIVAL DATE/TIME<br>08/26/2023 20:37  |  | SCENE CLEARED DATE/TIME<br>08/26/2023 23:08   |                                      | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br>60  | OTHER INVESTIGATION TIME<br>60 | TOTAL MINUTES<br>212  | OFFICER'S NAME*<br>Mitchell, Joseph III   |  | CHECKED BY OFFICER'S NAME*<br>McGuffey, Andy   |   |                                      | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)         |  |
|  |                                |   | OFFICER'S BADGE NUMBER*<br>171  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>172  |   |                                      |   |  |

IR23-002033

|   |   |  |
|---|---|--|
| UNIT #<br>1   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>MOBLEY, SHERI | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>2455 N Tropical Trl, Merritt Island, FL 32953 |   |  |

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

|  |                           |   |   |  |
|--|---------------------------|---|---|--|
| LP STATE<br>FL   | LICENSE PLATE #<br>Y693YS | VEHICLE IDENTIFICATION #<br>2FMTK4G96FBC21432 | VEHICLE YEAR<br>2015  | VEHICLE MAKE<br>Ford   |
| <input type="checkbox"/> INSURANCE<br>VERIFIED   | INSURANCE COMPANY         | INSURANCE POLICY #                            | COLOR<br>Black  | VEHICLE MODEL<br>Edge  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE |                           | US DOT #                                      | TOWED BY: COMPANY NAME<br>FOX TOWING  |  |
| INTERLOCK<br>DEVICE<br>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<br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| UNIT TYPE<br>3 | 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   |  |   |   |   |

|   |   |        |  |   |             |
|---|---|--------|--|---|-------------|
| 9 | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED? | 9      | 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 | 1 - YES   | 2 - NO | 9 - OTHER/UNKNOWN  | AUTONOMOUS<br>MODE LEVEL  |             |

|                |  |   |  |   |   |
|----------------|--|---|--|---|---|
| 99             | 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 | 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 |
| 10 - AMBULANCE |  |   |  |   |   |

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| 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 | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|---|--|---|---|--|---|

|    |  |  |   |   |                    |
|----|--|--|---|---|--------------------|
| 99 | 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>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 |
|---------------------------------------|--|--|---|---|---|

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| 3 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>ACTION<br>PRE-CRASHES<br>& STRUCK<br>ACTIONS | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>9 - OTHER/UNKNOWN | 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>CROSSING<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>SPECIFIED LOCATION<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>22 - OTHER/UNKNOWN |
|---|--|--|---|--|---|

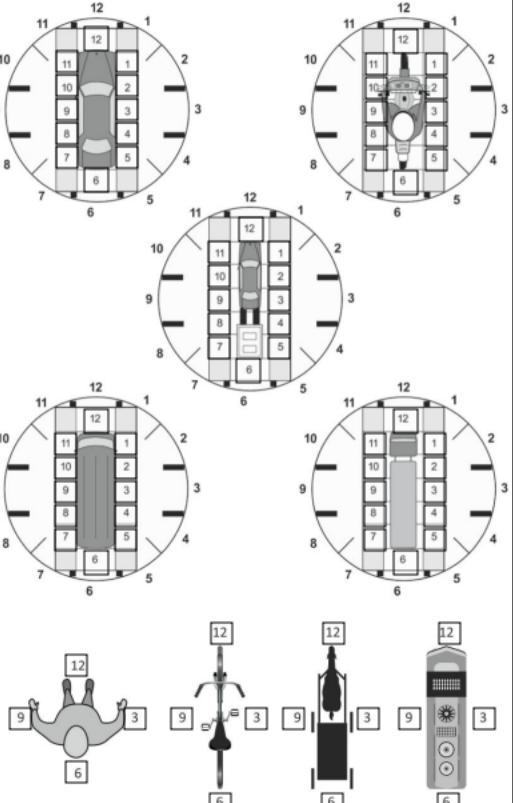
|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 3 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>21 - LYING IN<br>ROADWAY<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>ACTION | 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>RIGHT<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>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>24 - OTHER MOBILE<br>OBJECT | 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>25 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT |
|---|---|---|---|--|---|

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION                          | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE    | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES | 43 - CURB<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 | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT              | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT           | 99 - OTHER/UNKNOWN  |
| 6 | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE       | 36 - MEDIAN OTHER<br>BARRIER  | 42 - CULVERT  |  |   |

1 FIRST HARMFUL EVENT      1 MOST HARMFUL EVENT

|   |  |   |
|---|--|---|
| DAMAGE  |  |   |
| DAMAGE SCALE  |  |   |
| 4   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN                  | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |   |
|   |  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input checked="" type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |  |   |
| INITIAL POINT OF CONTACT  |  |   |
| 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   |  |   |
| 2   | TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>4 - STOP SIGN<br>2 - SIGNAL<br>5 - YIELD SIGN<br>3 - FLASHER<br>6 - NO CONTROL |
| 6   | # OF THROUGH LANES<br>ON ROAD                                | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| 2   | FROM 2   | TO 1  |
| UNIT / NON-MOTORIST DIRECTION   |  |   |
| 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  |  | DETECTED SPEED  |
| <input type="checkbox"/> - STATED/ESTIMATED<br>SPEED<br><input type="checkbox"/> - CALCULATED/EDR<br><input checked="" type="checkbox"/> - UNDETERMINED   |  | 3   |
| POSTED SPEED  |  | 50  |

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
11680 Hollingsworth Way, FOREST PARK, OH 45240

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

|                |                            |   |                      |                      |
|----------------|----------------------------|---|----------------------|----------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>HEQ6842 | VEHICLE IDENTIFICATION #<br>5Y2SL628X4Z431338 | VEHICLE YEAR<br>2004 | VEHICLE MAKE<br>PONT |
|----------------|----------------------------|---|----------------------|----------------------|

|   |  |                                  |                 |                       |
|---|--|----------------------------------|-----------------|-----------------------|
| <input checked="" type="checkbox"/> INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>FOUNDER'S INSURANCE | INSURANCE POLICY #<br>IT04297644 | COLOR<br>Silver | VEHICLE MODEL<br>Vibe |
|---|--|----------------------------------|-----------------|-----------------------|

|  |  |                  |   |  |
|--|--|------------------|---|--|
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE |  | US DOT #         | TOWED BY: COMPANY NAME<br>WAYNES TOWING   |  |
| INTERLOCK<br>DEVICE<br>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<br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| 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 | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|   | 10 - AMBULANCE   | 15 - CONSTRUCTION<br>EQUIPMENT  | 20 - SAFETY SERVICE<br>PATROL                                    |  |   |

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| 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 | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN |
|---|--|---|---|--|---|

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

|                                       |  |  |   |   |   |
|---------------------------------------|--|--|---|---|---|
| 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>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 |
|---------------------------------------|--|--|---|---|---|

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

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 1 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>ACTION | 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

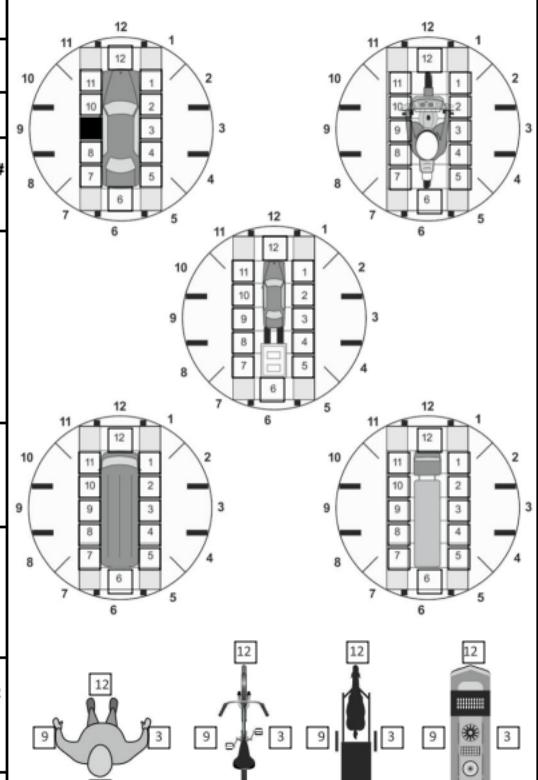
|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS 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>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - OTHER MOVABLE<br>OBJECT | 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>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE                                    | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES    | 43 - CURB<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 | 26 - BRIDGE OVERHEAD<br>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 | 99 - OTHER/UNKNOWN  |

|   |                     |   |                    |
|---|---------------------|---|--------------------|
| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|---|---------------------|---|--------------------|

|              |   |   |
|--------------|---|---|
| DAMAGE       |   |   |
| DAMAGE SCALE |   |   |
| 4            | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE |

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



|                          |   |   |
|--------------------------|---|---|
| INITIAL POINT OF CONTACT |   |   |
| 9                        | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |

|                            |  |
|----------------------------|--|
| TRAFFIC                    |  |
| TRAFFICWAY FLOW<br>2       | TRAFFIC CONTROL<br>2   |
| 1 - ONE-WAY<br>2 - TWO-WAY | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |

|                               |   |
|-------------------------------|---|
| # OF THROUGH LANES<br>ON ROAD |   |
| 4                             | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING |

|                               |      |   |
|-------------------------------|------|---|
| UNIT / NON-MOTORIST DIRECTION |      |   |
| FROM 3                        | TO 4 | 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>10                       | DETECTED SPEED<br>1           |
| 2 - CALCULATED/EDR<br>3 - UNDETERMINED | 1 - STATED/ESTIMATED<br>SPEED |
| POSTED SPEED<br>35                     |                               |

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|  |  |  |  |   |  |   |  |                    |  |
|--|--|--|--|---|--|---|--|--------------------|--|
| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |   |  |   |  |                    |  |
| 3  | ANAY, PABLO BATZ   |  |  |   |  |   |  |                    |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)                                     |  |  | 11076 Woodward LN, Cincinnati, OH 45241  |   |  |   |  |                    |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |  |   |  |                    |  |
| LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   | VEHICLE YEAR   |   |  |   |  |                    |  |
| OH   | KAK4845  | JA4MS41X49Z010421  | 2009   |   |  |   |  |                    |  |
| <input type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #   | COLOR  |   |  |   |  |                    |  |
|  |  |  | Red  |   |  |   |  |                    |  |
| TYPE OF USE  |  | US DOT #   | TOWED BY: COMPANY NAME   |   |  |   |  |                    |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |  | FOX TOWING   |   |  |   |  |                    |  |
| INTERLOCK DEVICE EQUIPPED  |  | # OCCUPANTS  | VEHICLE WEIGHT GVWR/GCWR   |   |  |   |  |                    |  |
|  |  | 3  | 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |   |  |   |  |                    |  |
| 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>2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<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                        |                    |  |
| # OF TRAILING UNITS  |  | 3  |  |   |  |   |  |                    |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |  | 0  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  | 9 - UNKNOWN  |   |  |                    |  |
| 1 - YES 2 - NO 9 - OTHER/UNKNOWN   |  |  | AUTONOMOUS MODE LEVEL  |   |  |   |  |                    |  |
| 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<br>10 - AMBULANCE   | 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  |                    |  |
| 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  |                    |  |
| 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 |  |
| 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   |                    |  |
| ACTION   |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS             |  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSED<br>5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS            | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN<br>12 - DRIVERLESS  | 13 - NEGOTIATING A LANE<br>14 - ENTERING OR LANE<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE                     | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON- SPECIFIED LOCATION<br>21 - STANDING OUTSIDE<br>22 - DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                    |  |
| 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 FROM A PARKED CLOSE/ACDA POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                                  | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING                         | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |                    |  |
| SEQUENCE OF EVENTS   |  | EVENTS   |  |   |  |   |  |                    |  |
| 1  | 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 DIRECTION OF TRAVEL<br>12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON- COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>21 - PARKED MOTOR VEHICLE<br>22 - OTHER MOBILE OBJECT | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOBILE OBJECT |  |                    |  |
| 2  |  | 25 - IMPACT ATTENUATOR/ CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT   | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE  | 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                      |  |                    |  |
| 3  |  | 26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER                         | 41 - OTHER POST, POLE<br>42 - CULVERT   | 49 - FIRE HYDRANT  |   |  |                    |  |
| 4  |  | 1 - FIRST HARMFUL EVENT  | 1  | MOST HARMFUL EVENT  |  |   |  |                    |  |

|  |  |
|--|--|
| DAMAGE   |  |
| DAMAGE SCALE   |  |
| 4  | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
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| <img alt="Diagram of a vehicle showing 12 numbered areas for damage assessment. Areas 1- |  |



## MOTORIST / NON-MOTORIST

**LOCAL REPORT NUMBER**

IR23-002033

| MOTORIST / NON-MOTORIST  |                           |                            |  |                            |  |                      |   |  |            | DATE OF BIRTH         |                     |  |  | AGE  |  | GENDER  |        |  |  |   |  |  |  |  |  |  |  |  |  |
|--|---------------------------|----------------------------|--|----------------------------|--|----------------------|---|--|------------|-----------------------|---------------------|--|--|--|--|---|--------|--|--|---|--|--|--|--|--|--|--|--|--|
| UNIT #   | NAME: LAST, FIRST, MIDDLE |                            |  |                            |  |                      |   |  |            |                       | DATE OF BIRTH       |  |  |  | AGE                                      |   | GENDER |  |  |   |  |  |  |  |  |  |  |  |  |
| 1  | DRIVER, UNKNOWN           |                            |  |                            |  |                      |   |  |            |                       | 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   |  |  |  |  |  |  |  |  |  |
| 4  |                           | 9                          |  |                            |  |                      |   |  |            | 99                    |                     |  |  | 1  |  | 4   |        | 1  |  | 1   |  |  |  |  |  |  |  |  |  |
| 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)                             |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| OL CLASS   |                           | 4                          |  |                            |  | 9                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  |            | 9                     |                     | 1 <input type="checkbox"/> 1           . |  |  | 1 <input type="checkbox"/> 1           . |   |        | RESULT SELECT UP TO 4  |  |   |  |  |  |  |  |  |  |  |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE |                            |  |                            |  |                      |   |  |            |                       | DATE OF BIRTH       |  |  |  | AGE                                      |   | GENDER |  |  |   |  |  |  |  |  |  |  |  |  |
| 2  | KONADU, KENNETH           |                            |  |                            |  |                      |   |  |            |                       | DATE OF BIRTH       |  |  |  | 59                                       |   | M      |  |  |   |  |  |  |  |  |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                            |  |                            |  |                      |   |  |            |                       |                     | CONTACT PHONE - INCLUDE AREA CODE        |  |  |  |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| 11680 Hollingsworth Way, FOREST PARK, OH 45240   |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| 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   |  |  |  |  |  |  |  |  |  |
| 4  |                           | 2                          |  | FAIRFIELD CITY EMS         |  |                      | UC HEALTH WEST CHESTER  |  |            | 4                     |                     |  |  | 1  |  | 4   |        | 1  |  | 1   |  |  |  |  |  |  |  |  |  |
| 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)                             |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| OL CLASS   |                           | 4                          |  |                            |  | 1                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  |            | 1                     |                     | 1 <input type="checkbox"/> 1           . |  |  | 1 <input type="checkbox"/> 1           . |   |        | RESULT SELECT UP TO 4  |  |   |  |  |  |  |  |  |  |  |  |
| UNIT #   | NAME: LAST, FIRST, MIDDLE |                            |  |                            |  |                      |   |  |            |                       | DATE OF BIRTH       |  |  |  | AGE                                      |   | GENDER |  |  |   |  |  |  |  |  |  |  |  |  |
| 3  | BATZ, JUAN                |                            |  |                            |  |                      |   |  |            |                       | DATE OF BIRTH       |  |  |  | 22                                       |   | M      |  |  |   |  |  |  |  |  |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |                           |                            |  |                            |  |                      |   |  |            |                       |                     | CONTACT PHONE - INCLUDE AREA CODE        |  |  |  |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| 11076 Woodward Ln, Cincinnati, OH 45241  |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| 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   |  |  |  |  |  |  |  |  |  |
| 4  |                           | 2                          |  | FAIRFIELD CITY EMS         |  |                      | UC HEALTH WEST CHESTER  |  |            | 4                     |                     |  |  | 1  |  | 4   |        | 1  |  | 1   |  |  |  |  |  |  |  |  |  |
| 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)                             |   |        |  |  |   |  |  |  |  |  |  |  |  |  |
| OL CLASS   |                           |                            |  |                            |  | 1                    | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  |            | 1                     |                     | 1 <input type="checkbox"/> 1           . |  |  | 1 <input type="checkbox"/> 1           . |   |        | RESULT SELECT UP TO 4  |  |   |  |  |  |  |  |  |  |  |  |
| INJURIES   |                           |                            |  |                            |  |                      |   |  |            |                       |                     | SEATING POSITION                         |  | AIR BAG  |  | OL CLASS  |        | OL RESTRICTION(S)  |  | DRIVER DISTRACTION  |  | TEST STATUS  |  |  |  |  |  |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>6 - NOT APPLICABLE<br>7 - UNKNOWN                                |        | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |  | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |  |  |  |  |
| INJURED TAKEN BY   |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  | EJECTION  |        | OL ENDORSEMENT   |  | ALCOHOL TEST TYPE   |  |  |  |  |  |  |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE      |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |        | 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 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |  |  |  |  |  |  |  |  |  |
| SAFETY EQUIPMENT   |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  | TRAPPED  |  | GENDER  |        | 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  |  |   |  |  |  |  |  |  |  |  |  |
|  |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  | DRUG TEST RESULT(S)   |        |  |  |   |  |  |  |  |  |  |  |  |  |
|  |                           |                            |  |                            |  |                      |   |  |            |                       |                     |  |  |  |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                             |        |  |  |   |  |  |  |  |  |  |  |  |  |



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-002033

| OCCUPANT  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |   |                                   | DATE OF BIRTH                                    |                       | AGE                | GENDER        |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|---|--|--|---|---|-----------------------------------|--|-----------------------|--------------------|---------------|--------------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|-------------------------|--|-------------------------|------------------------|--|------------------|---|-----------------|---------|-----------------|--------------------|-----------------|------------|---|-------------------|-----------------------|---------------------|--------------------------|-----------------------------------|---------------------|---------------|---|--|--------------------|------------|----------------------|---|----------------|----------|--|--------------------|-----------------|---------------------|--|---|------------------------------------|--|--|-------------------|-----------------------------------|--|--|----------------------|--|
|   | 3  | BATZ, IZABELA  |   |   |                                   | 05/07/1994                                       |                       | 29                 | F             |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11076 Woodward Ln, Cincinnati, OH 45241  |  |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURIES<br>4   |  | INJURED TAKEN BY<br>2  | EMS AGENCY (NAME)<br>FAIRFIELD CITY EMS | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>UC HEALTH WEST CHESTER | SAFETY EQUIPMENT USED<br>4        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3 | AIR BAG USAGE<br>4 | EJECTION<br>1 | TRAPPED<br>1 |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |   |                                   | DATE OF BIRTH                                    |                       | AGE                | GENDER        |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | 3  | BATZ, TOMAS  |   |   |                                   | 06/15/1995                                       |                       | 28                 | M             |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11076 Woodward Ln, Cincinnati, OH 45241  |  |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURIES<br>5   |  | INJURED TAKEN BY<br>   | EMS AGENCY (NAME)                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                           | SAFETY EQUIPMENT USED<br>4        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>4 | AIR BAG USAGE<br>4 | EJECTION<br>1 | TRAPPED<br>1 |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |   |                                   | DATE OF BIRTH                                    |                       | AGE                | GENDER        |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |                                   | CONTACT PHONE - INCLUDE AREA CODE                |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURIES<br>  |  | INJURED TAKEN BY<br>   | EMS AGENCY (NAME)                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                           | SAFETY EQUIPMENT USED<br>         | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>  | AIR BAG USAGE<br>  | EJECTION<br>  | TRAPPED<br>  |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |   |                                   | DATE OF BIRTH                                    |                       | AGE                | GENDER        |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |                                   | CONTACT PHONE - INCLUDE AREA CODE                |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURIES<br>  |  | INJURED TAKEN BY<br>   | EMS AGENCY (NAME)                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                           | SAFETY EQUIPMENT USED<br>         | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>  | AIR BAG USAGE<br>  | EJECTION<br>  | TRAPPED<br>  |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <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><b>INJURED TAKEN BY</b></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><b>EJECTION</b></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><b>GENDER</b></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><b>TRAPPED</b></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 | <b>INJURED TAKEN BY</b> | 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) | <b>EJECTION</b> | 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 | <b>GENDER</b> | 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 | <b>TRAPPED</b> | 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                      |   |                                   |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>INJURED TAKEN BY</b>   | 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)  | <b>EJECTION</b>                         |   |                                   |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 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                     |   |                                   |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>GENDER</b>   | 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  | <b>TRAPPED</b>                          |   |                                   |  |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
| 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<br>SMITH, JACOB                                  |  |   |   |                                   | DATE OF BIRTH                                    |                       | AGE                | GENDER        |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP<br>5337 Romance Ln, Cincinnati, OH 45238 |  |   |   |                                   | 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                |                       |                    |               |              |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |  |  |                      |  |