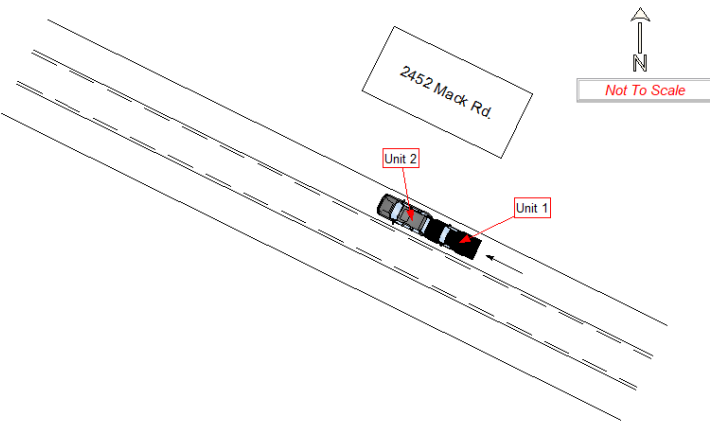


|                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                                         |                                                       |                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                             |                                                                            | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                         | LOCAL INFORMATION                                     |                                                                                                                                                                                                                                                                                                                | IR23-001935                                |                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                   |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                         | NCIC*<br>00901                                        |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED     | NUMBER OF UNITS<br>2                                                                                                                                                                     | UNIT IN ERROR<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |                                                                                                                                   |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                 | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                         |                                                       |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>08/23/2023 11:30       |                                                                                                                                                                                          | CRASH SEVERITY                                                                                                                              |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                    | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                | LOCATION ROAD NAME<br>MACK                            |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>RD                            | LATITUDE<br>39.312991                                                                                                                                                                    | 5                                                                                                                                           |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                    | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2452 |                                                                                                                                                                                                                                                                                                                | ROAD TYPE                                  | LONGITUDE<br>-84.537486                                                                                                                                                                  |                                                                                                                                             |                                                                                                                                   |
| REFERENCE POINT<br>3<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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                          |                                                                                                                                             |                                                                                                                                   |
| 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<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE 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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                       | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                          |                                            | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                             |                                                                                                                                   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                     |                                                                            | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                         |                                                       | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                    |                                            | CONTOUR<br>2                                                                                                                                                                             | CONDITIONS<br>1                                                                                                                             | SURFACE<br>2                                                                                                                      |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                  |                                                                            | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                                                       | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                                           |                                            | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                          |                                                                                                                                             | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| NARRATIVE<br>On August 23, 2023 at approximately 11:30 A.M., Units 1 and 2 were traveling northwest on Mack Rd. at house number 2452. Unit 1 failed to maintain assured clear distance ahead and struck Unit 2 as it was slowing in stopped traffic.                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                         |                                                       | DIAGRAM<br>                                                                                                                                                                                                                |                                            |                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>08/23/2023 11:30                                                                                                                                                                                                                                                                                                                  |                                                                            | DISPATCH DATE/TIME<br>08/23/2023 11:30                                                                                                                                                                                                                                  |                                                       | ARRIVAL DATE/TIME<br>08/23/2023 11:38                                                                                                                                                                                                                                                                          |                                            | SCENE CLEARED DATE/TIME<br>08/23/2023 12:16                                                                                                                                              |                                                                                                                                             | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                    |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                | OTHER INVESTIGATION TIME<br>0                                              | TOTAL MINUTES<br>46                                                                                                                                                                                                                                                     | OFFICER'S NAME*<br>Mossman, Brianna                   |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S NAME*<br>Cresap, Lori |                                                                                                                                                                                          | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                   |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                                         | OFFICER'S BADGE NUMBER*<br>152                        |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S BADGE NUMBER*<br>87   |                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                   |

IR23-001935

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SUTTMILLER, NICKOLAS JOHN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>5239 PATRICIA DR, FAIRFIELD, OH 45014                                                             |                                                                                                          |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                      |                                                                                                          | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                           | LICENSE PLATE #<br>EWU4724                                                                               | VEHICLE IDENTIFICATION #<br>3GCEC14X26G258857                          |
| VEHICLE YEAR<br>2006                                                                                                                                                                     | VEHICLE MAKE<br>Chevrolet                                                                                |                                                                        |
| INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                                                                           | INSURANCE COMPANY<br>TRAVELERS                                                                           | INSURANCE POLICY #<br>6012440712031                                    |
| COLOR<br>Black                                                                                                                                                                           | VEHICLE MODEL<br>SILVERADO                                                                               |                                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                    |                                                                                                          |                                                                        |
| US DOT #                                                                                                                                                                                 |                                                                                                          |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                  |                                                                                                          |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                   |                                                                                                          |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                    |                                                                                                          |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                |                                                                                                          |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                         |                                                                                                          |                                                                        |
| UNIT TYPE<br>4                                                                                                                                                                           |                                                                                                          |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                 |                                                                                                          |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN 0                                                                                      |                                                                                                          |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |                                                                                                          |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                                                                    |                                                                                                          |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                                                                     |                                                                                                          |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                                                                     |                                                                                                          |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                                                                     |                                                                                                          |                                                                        |
| ACTION<br>3                                                                                                                                                                              |                                                                                                          |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>8                                                                                                                                                          |                                                                                                          |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                                                                                  |                                                                                                          |                                                                        |
| EVENTS<br>1                                                                                                                                                                              |                                                                                                          |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                                                                                |                                                                                                          |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                 |                                                                                                          |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                  |                                                                                                          |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]  
☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]  
☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                             | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 7 TO 6<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                              |
| UNIT SPEED<br>20                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                              |

IR23-001935

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| UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>FARMER, KELLY | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1721 ACREVIEW DR., CINCINNATI, OH 45240        |                                                                                              |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                              | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HSB9147                                                                   | VEHICLE IDENTIFICATION #<br>3C4NJDCB3NT121848                          |
| VEHICLE YEAR<br>2022                                                                                                                  |                                                                                              | VEHICLE MAKE<br>Jeep                                                   |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                   | INSURANCE POLICY #<br>58156284                                         |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                              | US DOT #                                                               |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                              | TOWED BY: COMPANY NAME                                                 |
| INTERLOCK<br>DEVICE<br>EQUIPPED                                                                                                       | HIT/SKIP UNIT                                                                                | # OCCUPANTS<br>1                                                       |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                              |                                                                        |
| UNIT TYPE<br>3<br>0                                                                                                                   |                                                                                              |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                              |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0                                |                                                                                              |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                              |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                              |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                              |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                              |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                              |                                                                        |
| ACTION<br>4                                                                                                                           |                                                                                              |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1                                                                                                       |                                                                                              |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                              |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                              |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                              |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                              |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                              |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

TRAFFICWAY FLOW  
2  
1 - ONE-WAY  
2 - TWO-WAYTRAFFIC CONTROL  
6  
1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL# OF THROUGH LANES ON ROAD  
2RAIL GRADE CROSSING  
1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

5

## DETECTED SPEED

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

## POSTED SPEED

35



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-----------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|------------------|---------------|--------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                       | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          | SUTTMILLER, NICKOLAS JOHN  |                            |                 |                                                 | 11/29/1989                                                                                                 |                       | 33                      | M                |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 5239 PATRICIA DR, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                      |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION     | TRAPPED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 |                                                                                                            | 4                     |                         | 1                | 1             | 1            | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION   |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            | 333.03a         |                                                 |                                                                                                            | ACDA                  |                         | 2300059404       |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                       | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                       | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          | FARMER, MATTHEW            |                            |                 |                                                 | 11/06/1971                                                                                                 |                       | 51                      | M                |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1721 ACREVIEW DR., CINCINNATI, 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION   |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                       | 1                       | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                       | AGE                     | GENDER           |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION   |                         | CITATION NUMBER  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION               | ALCOHOL TEST     |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                       |                         | STATUS           | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | AIR BAG                                                                                                                                                                      |  | OL CLASS                                                                                                                                                                                                                                            |  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |  | TEST STATUS                                                                                                                                              |  |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                   |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                       | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN                                |  | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                                                                                                  |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |  | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |  |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 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 |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         | 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                                                                                                                                |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  | 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 TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  | DRUG TEST RESULT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                       |                         |                  |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                     |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |