

|  |            |   |  |  |   |   |               |
|--|------------|---|--|--|---|---|---------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |            | LOCAL INFORMATION   |  |  |   |   |               |
|  |            | REPORTING AGENCY NAME*  |  | NCIC*  |   |   |               |
|  |            | Fairfield Police Department   |  | 00901  | HIT/SKIP  | NUMBER OF UNITS   | UNIT IN ERROR |
| COUNTY*<br>09  |            | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |   | CRASH DATE/TIME*<br>06/27/2023 12:30  |               |
| REFERENCE<br>LOCATION  | ROUTE TYPE | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>S. Gilmore   | ROAD TYPE   | LATITUDE<br>39.332593   |               |
|  | ROUTE TYPE | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>5555 Dixie Hwy  | ROAD TYPE   | LONGITUDE<br>-84.521709   |               |
| REFERENCE POINT<br>3   |            | DIRECTION FROM REFERENCE<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                            | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED  |   |               |
| DISTANCE FROM REFERENCE  |            | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |  | NUMBER OF APPROACHES  |   |               |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP  |            |   | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN    | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - BETWEEN<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>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<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1   | CONDITIONS<br>1   | SURFACE<br>2  |               |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN   |            | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING 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 06/27/23 at about 12:30 P.M. Unit 1 was traveling southbound on SR 4 at approximately 5 m.p.h and when at 5555 Dixie Hwy (SR 4) failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was stopped in traffic at 5555 Dixie Hwy. Brake lights on Unit 2 were inspected and were working properly. |            |   |  | DIAGRAM<br>  |   |   |               |
| CRASH REPORTED DATE/TIME<br>06/27/2023 12:30   |            | DISPATCH DATE/TIME<br>06/27/2023 12:40  |  | ARRIVAL DATE/TIME<br>06/27/2023 12:45  |   | SCENE CLEARED DATE/TIME<br>06/27/2023 13:37   |               |
| TOTAL TIME ROADWAY CLOSED<br>0   |            | OTHER INVESTIGATION TIME<br>0   |  | TOTAL MINUTES<br>57  |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |               |
|  |            |   |  |  |   | CHECKED BY OFFICER'S NAME*<br>Lamb, Gregg<br>Cresap, Lori   |               |
|  |            |   |  |  |   | CHECKED BY OFFICER'S BADGE NUMBER*<br>65<br>87  |               |
|  |            |   |  |  |   | SUPPLEMENT<br><small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)</small>   |               |

|   |   |   |  |   |   |   |
|---|---|---|--|---|---|---|
| OWNER #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>URIELS AUTOMOTIVE LLC   |   |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER  |   |   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>3272 HOMEWARD WAY, FAIRFIELD, OH 45014          |   |   |  |   |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |   |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |   |
| LP STATE<br>OH  | LICENSE PLATE #<br>001V1YC  | VEHICLE IDENTIFICATION #<br>5TFUM5F17BX018167   |  | VEHICLE YEAR<br>2011  |   |   |
| INSURANCE<br>VERIFIED   | INSURANCE COMPANY<br>WESTERN RESERVE GROUP  | INSURANCE POLICY #<br>LCG 34 2 2291524  |  | VEHICLE MAKE<br>Toyota  |   |   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #  |  | TOWED BY: COMPANY NAME  |   |   |
| INTERLOCK<br>DEVICE<br>EQUIPPED   | HIT/SKIP UNIT   | # OCCUPANTS<br>2  | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                       | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br><input type="checkbox"/> RELEASED<br><input type="checkbox"/> PLACARD  |   |   |
| UNIT TYPE<br>4  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>3 - SPORT UTILITY<br>4 - VEHICLE<br>5 - PICK UP<br>6 - CARGO VAN  | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>11 - ALL TERRAIN<br>12 - MOTORIZED BICYCLE<br>13 - VEHICLE (ATV/UTV)                    | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME              | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE   |   |   |
| 0   | # OF TRAILING UNITS   |   |  |   |   |   |
| 2   | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?   | 0   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   |   |   |
| 1   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>4 - SHARING<br>5 - SCHOOL TRANSPORT<br>6 - BUS - TRANSIT<br>/COMMUTER                                      | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER   | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT                                     | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL   |   |   |
| 1   | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING   | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL  | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP  |   |   |
| 1   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT   |   |   |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT   | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK  | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS   |   |   |
| 3   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING<br>PRE-CRASH<br>7 - STRUCK<br>ACTIONS<br>8 - OTHER/UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN   | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>12 - MAKING U-TURN                      | 13 - NEGOTIATING A<br>CURVE<br>14 - ENTERING OR<br>CROSSING<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - DRIVING<br>18 - DRIVING<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING |   |   |
| 8   | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                       | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>21 - LYING IN<br>ROADWAY<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING   |   |   |
| CONTRIBUTING<br>CIRCUMSTANCES   |   |   |  |   |   |   |
| SEQUENCE OF EVENTS  |   |   |  |   |   |   |
| EVENTS  |   |   |  |   |   |   |
| 1   | 20  | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT                                     | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN      | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE  | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE | 22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT |
| 4   |   | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>34 - MEDIAN GUARDRAIL<br>BARRIER                                   | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT  | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT  | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN                                   |
| 5   |   | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL   | 35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER  | 41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT   |   |   |
| 6   |   | 30 - GUARDRAIL FACE   |  |   |   |   |
| 1   |   | FIRST HARMFUL EVENT   | 1  | MOST HARMFUL EVENT  |   |   |

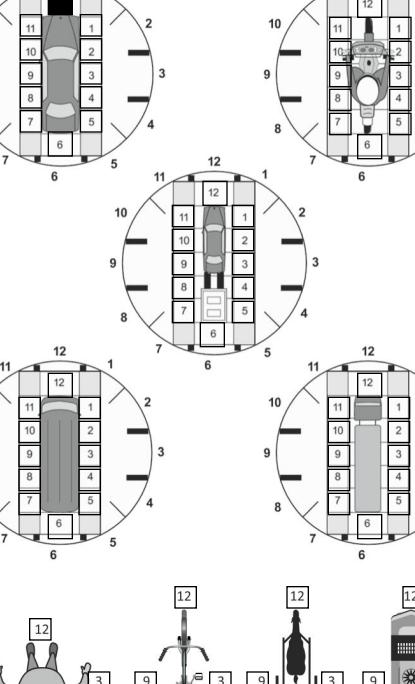
LOCAL REPORT NUMBER\*  
IR23-000753

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



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

**INITIAL POINT OF CONTACT**

|           |   |   |
|-----------|---|---|
| <b>12</b> | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
|-----------|---|---|

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

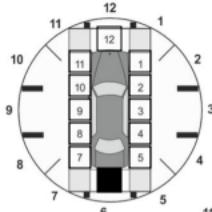
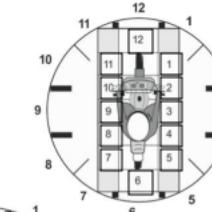
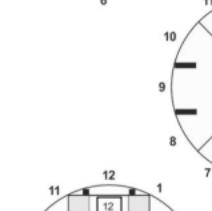
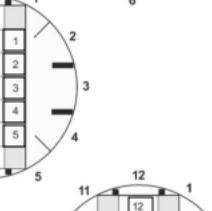
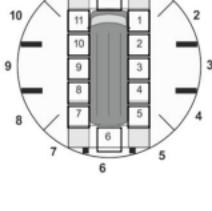
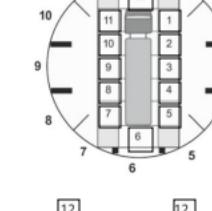
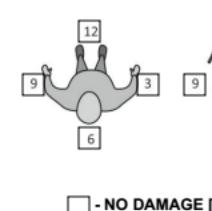
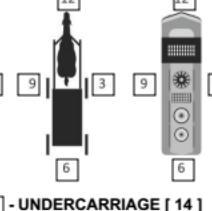
FROM **1**   TO **2**

|                                   |   |
|-----------------------------------|---|
| <b>UNIT SPEED</b><br><br><b>5</b> | <b>DETECTED SPEED</b><br><br><b>1</b><br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |
|-----------------------------------|---|

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

IR23-000753

|   |   |   |   |   |
|---|---|---|---|---|
| UNIT #<br>2   | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)<br>GRUNENBERG, CONNIE LYNN  |   | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER   |   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>8188 RED MILL DR, WEST CHESTER TWP, OH 45069    |   |   |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |   |
| LP STATE<br>OH  | LICENSE PLATE #<br>JJN3426  | VEHICLE IDENTIFICATION #<br>WBA33AG06MCG98635   | VEHICLE YEAR<br>2021  | VEHICLE MAKE<br>BMW   |
| <input checked="" type="checkbox"/> INSURANCE<br>VERIFIED   | INSURANCE COMPANY<br>STATE FARM INSURANCE   | INSURANCE POLICY #<br>2981825-SFP-35  | COLOR<br>Black  | VEHICLE MODEL<br>5  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #  | TOWED BY: COMPANY NAME  |   |
| INTERLOCK<br>DEVICE<br>EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT  | # OCCUPANTS<br>1  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.   |   |
| 1<br>UNIT TYPE  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                       | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV)                | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME   | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE   |
| 0<br># OF TRAILING UNITS  | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP   |   |   |   |
| 2<br>WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?  | 0<br>AUTONOMOUS<br>MODE LEVEL<br>1 - YES<br>2 - NO<br>9 - OTHER/UNKNOWN   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION  | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   | 9 - UNKNOWN   |
| 1<br>SPECIAL<br>FUNCTION  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER   | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT  | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL   |
| 1<br>CARGO<br>BODY<br>TYPE  | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING   | 5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |
| <input type="checkbox"/><br>VEHICLE<br>DEFECTS  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  | 7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT   |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT   | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK  | 3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK   | 9 - MEDIAN/CROSSING<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS   |
| 4<br>ACTION   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>STRIKING<br>PRE-CRASHES<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN    | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/<br>PASSING<br>5 - BOTH<br>STRIKING<br>PRE-CRASHES<br>6 - MAKING LEFT TURN<br>9 - OTHER/UNKNOWN | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>12 - DRIVERLESS   | 13 - NEGOTIATING A<br>LANE<br>14 - ENTERING OR<br>CROSSING<br>15 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE  |
| 1<br>CONTRIBUTING<br>CIRCUMSTANCES  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                       | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                                  | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY  | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>ACTION   |
| SEQUENCE OF EVENTS  | 18 - APPROACHING OR<br>LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-<br>MOTORIST<br>21 - STANDING OUTSIDE<br>DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |   |   |   |
| 1<br>20   | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT                                 | 6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE  | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOBILE<br>OBJECT |
| 4   | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION   | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE  | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - MEDIAN CONCRETE<br>42 - MEDIAN OTHER<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN |   |
| 5   | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT  | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER   |   |   |
| 6   | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE  | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>42 - CULVERT  |   |   |
| 1   | FIRST HARMFUL EVENT   | 1 MOST HARMFUL EVENT  |   |   |

|   |  |
|---|--|
| DAMAGE  |  |
| DAMAGE SCALE  |  |
| 2   | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
|         |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]  |  |
| INITIAL POINT OF CONTACT  |  |
| 6   | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT<br>DIAGRAM<br>13 - TOP   |
| TRAFFIC   |  |
| 2   | TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY  |
| 6   | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>4 - STOP SIGN<br>2 - SIGNAL<br>5 - YIELD SIGN<br>3 - FLASHER<br>6 - NO CONTROL  |
| 2   | # OF THROUGH LANES<br>ON ROAD  |
| 1   | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING  |
| 1   | UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH<br>5 - NORTHEAST<br>2 - SOUTH<br>6 - NORTHWEST<br>3 - EAST<br>7 - SOUTHEAST<br>4 - WEST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |
| 1   | FROM 1 TO 2  |
| UNIT SPEED  |  |
| 0   | DETECTED SPEED<br>1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |
| 35  | POSTED SPEED   |



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR23-000753

|  |        |   |  |  |  |  |  |   |  |  |   |  |   |  |  |                |   |   |   |   |  |  |  |  |
|--|--------|---|--|--|--|--|--|---|--|--|---|--|---|--|--|----------------|---|---|---|---|--|--|--|--|
| MOTORIST / NON-MOTORIST  | UNIT # | NAME: LAST, FIRST, MIDDLE   |  |  |  |  |  | DATE OF BIRTH                                     |  |  | AGE                                       | GENDER   |   |  |  |                |   |   |   |   |  |  |  |  |
|  | 1      | MERINO LABASTIDA, JAVIER  |  |  |  |  |  | 01/19/1983  |  |  | 40  | M  |   |  |  |                |   |   |   |   |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2837 HOUSTON RD, COLERAIN TWP, OH 45251   |        |   |  |  |  |  |  |   |  |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |  |  |                |   |   |   |   |  |  |  |  |
| INJURIES<br>5  |        | INJURED TAKEN BY<br><input type="checkbox"/>                                    |  | EMS AGENCY(NAME)   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  | SAFETY EQUIPMENT USED<br>4                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1  | AIR BAG USAGE<br>1                        | EJECTION<br>1  | TRAPPED<br>1  |  |  |                |   |   |   |   |  |  |  |  |
| OL STATE<br><input type="checkbox"/>   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED<br>333.03a   |  | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION<br>ACDA  |   | CITATION NUMBER<br>2300030354                    |  |   |  |   |  |  |                |   |   |   |   |  |  |  |  |
| OL CLASS<br>4  |        | ENDORSEMENT SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> |  | RESTRICTION SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | DRIVER DISTRACTED BY<br>1                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>.   |   | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |   |  |  |                |   |   |   |   |  |  |  |  |
| UNIT #<br>2  |        | NAME: LAST, FIRST, MIDDLE<br>GRUNENBERG, CONNIE LYNN                            |  |  |  |  |  | DATE OF BIRTH<br>06/09/1967                       |  |  | AGE<br>56                                 | GENDER<br>F  |   |  |  |                |   |   |   |   |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>8188 RED MILL DR, WEST CHESTER TWP, OH 45069  |        |   |  |  |  |  |  |   |  |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |  |  |                |   |   |   |   |  |  |  |  |
| INJURIES<br>5  |        | INJURED TAKEN BY<br><input type="checkbox"/>                                    |  | EMS AGENCY(NAME)   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  | SAFETY EQUIPMENT USED<br>4                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1  | AIR BAG USAGE<br>1                        | EJECTION<br>1  | TRAPPED<br>1  |  |  |                |   |   |   |   |  |  |  |  |
| OL STATE<br><input type="checkbox"/>   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION  |   | CITATION NUMBER                                  |  |   |  |   |  |  |                |   |   |   |   |  |  |  |  |
| OL CLASS<br>4  |        | ENDORSEMENT SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> |  | RESTRICTION SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | DRIVER DISTRACTED BY<br>1                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS<br>1<br>TYPE<br>1<br>VALUE<br>.   |   | DRUG TEST(S)<br>STATUS<br>1<br>TYPE<br>1<br>RESULT SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |   |  |  |                |   |   |   |   |  |  |  |  |
| UNIT #   |        | NAME: LAST, FIRST, MIDDLE   |  |  |  |  |  | DATE OF BIRTH                                     |  |  | AGE                                       | GENDER   |   |  |  |                |   |   |   |   |  |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |  |  |  |  |   |  |  |   |  | CONTACT PHONE - INCLUDE AREA CODE   |  |  |                |   |   |   |   |  |  |  |  |
| INJURIES<br><input type="checkbox"/>   |        | INJURED TAKEN BY<br><input type="checkbox"/>                                    |  | EMS AGENCY(NAME)   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  | SAFETY EQUIPMENT USED<br><input type="checkbox"/> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |  |  |                |   |   |   |   |  |  |  |  |
| OL STATE<br><input type="checkbox"/>   |        | OPERATOR LICENSE NUMBER   |  | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION  |   | CITATION NUMBER                                  |  |   |  |   |  |  |                |   |   |   |   |  |  |  |  |
| OL CLASS<br><input type="checkbox"/>   |        | ENDORSEMENT SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> |  | RESTRICTION SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | DRIVER DISTRACTED BY<br><input type="checkbox"/> | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br><input type="checkbox"/>            | ALCOHOL TEST<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>VALUE<br>. |   | DRUG TEST(S)<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>RESULT SELECT UP TO 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   |  |  |                |   |   |   |   |  |  |  |  |
| INJURIES<br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |        |   |  |  |  |  |  |   |  |  |   |  | SEATING POSITION<br>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) |  |  | AIR BAG        | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION  |   | TEST STATUS  |  |  |  |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        |   |  |  |  |  |  |   |  |  |   |  | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  |  | OL ENDORSEMENT | 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 |  |
| SAFETY EQUIPMENT<br>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 |        |   |  |  |  |  |  |   |  |  |   |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |  |  | GENDER         | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - 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 |   | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |  |  |  |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        |   |  |  |  |  |  |   |  |  |   |  | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  |  | OL ENDORSEMENT | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - 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<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |  |  |  |  |
| SAFETY EQUIPMENT<br>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 |        |   |  |  |  |  |  |   |  |  |   |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |  |  | GENDER         | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |   | DRUG TEST RESULT(S)<br>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 |  |  |  |  |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        |   |  |  |  |  |  |   |  |  |   |  | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  |  | OL ENDORSEMENT | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |   | DRUG TEST RESULT(S)<br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |  |  |  |  |



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-000753

| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|--|---|--|------------------------------------|---|---|--|--|----------------------|-------------------|--------------|-------------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|-------------------------|--|-------------------------|------------------------|--|------------------|---|-----------------|---------|-----------------|--------------------|-----------------|------------|---|-------------------|-----------------------|---------------------|--------------------------|-----------------------------------|---------------------|---------------|---|--|--------------------|------------|----------------------|---|----------------|----------|--|--------------------|-----------------|---------------------|--|---|------------------------------------|--|--|-------------------|-----------------------------------|
|  | 1   | MERINO LABASTIDA, CHRISTOPHER  |                                    |   |   | 03/21/2010                                       |  | 13                   | M                 |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2837 HOUSTON RD, COLERAIN TWP, OH 45251   |   |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE               |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| INJURIES<br>5  |   | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3                            | AIR BAG USAGE<br>1   | EJECTION<br>1     | TRAPPED<br>1 |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| INJURIES<br>   |   | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>                       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>                             | AIR BAG USAGE<br>    | EJECTION<br>      | TRAPPED<br>  |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| INJURIES<br>   |   | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>                       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>                             | AIR BAG USAGE<br>    | EJECTION<br>      | TRAPPED<br>  |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| INJURIES<br>   |   |  | INJURED TAKEN BY                   | EMS AGENCY (NAME)                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br> | AIR BAG USAGE<br> | EJECTION<br> | TRAPPED<br> |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |   |  |                                    |   |   |  |  |                      |                   |              | INJURY      | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | <b>INJURED TAKEN BY</b> | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | <b>EJECTION</b> | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | <b>GENDER</b> | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | <b>TRAPPED</b> | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY   | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                      |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 1 - FATAL  | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 2 - SUSPECTED SERIOUS INJURY   | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 4 - POSSIBLE INJURY  | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 5 - NO APPARENT INJURY   | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| <b>INJURED TAKEN BY</b>  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 2 - EMS  | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 3 - POLICE   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  | 2 - PARTIALLY EJECTED              |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 9 - OTHER / UNKNOWN  | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| <b>GENDER</b>  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| F - FEMALE   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| M - MALE   |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| U - OTHER / UNKNOWN  |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |   |   |  |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                     |  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                     |  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                     |  |                                    |   |   | DATE OF BIRTH                                    |  | AGE                  | GENDER            |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   |   | CONTACT PHONE - INCLUDE AREA CODE                |  |                      |                   |              |             |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |