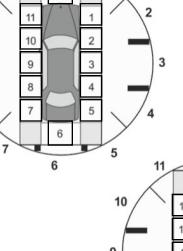
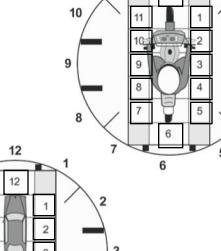
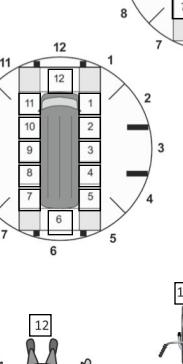
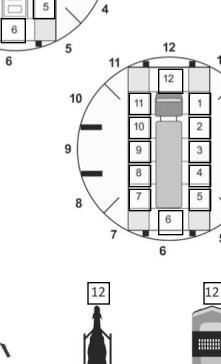
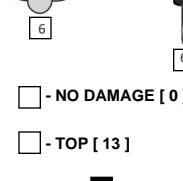
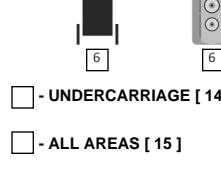


IR23-003467

|   |   |   |   |   |  |  |  |
|---|---|---|---|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY   |   | LOCAL INFORMATION   |   |   |  |  |  |
|   |   | REPORTING AGENCY NAME*  |   | NCIC*   |  |  |  |
|   |   | Fairfield Police Department   |   | 00901   |  |  |  |
| ROUTE TYPE  | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | LOCATION ROAD NAME  | ROAD TYPE   | CRASH SEVERITY   |  |  |
| SR  | 4   |   |   | AL  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |  |
| ROUTE TYPE  | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   | ROAD TYPE   | LONGITUDE  |  |  |
|   |   |   | 4865  |   | -84.540082   |  |  |
| REFERENCE POINT   | DIRECTION FROM REFERENCE  | ROUTE TYPE  | ROAD TYPE   | INTERSECTION RELATED  |  |  |  |
| 3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE        | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  |  |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE  |   |   | NUMBER OF APPROACHES  |  |  |  |
|   | 1 - MILES<br>2 - FEET<br>3 - YARDS  |   |   | ROADWAY   |  |  |  |
| LOCATION OF FIRST HARMFUL EVENT   |   |   | MANNER OF CRASH COLLISION/IMPACT  |   | DIRECTION OF TRAVEL  | MEDIAN TYPE  |  |
| 2<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 | 1<br>1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON                             | 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 | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN<br>< 4 FEET<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN<br>≥ 4 FEET<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN<br>(ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><br><input type="checkbox"/> WORKERS PRESENT<br><br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |   | WORK ZONE TYPE  | LOCATION OF CRASH IN WORK ZONE  | CONTOUR   | CONDITIONS   | SURFACE  |  |
|   |   | 1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER         | 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  | 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN | 1<br>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   | 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |  |
| <input type="checkbox"/> LIGHT CONDITION<br><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   |   |   |  |  |  |
|   |   | 1<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        |   |  |  |  |
| NARRATIVE   |   |   |   | DIAGRAM   |  |  |  |
| <p>On 11/01/2023 at about 11:30 A.M., unit 1 was traveling southbound in the center through lane of Dixie Hwy when it made an improper lane change to the right lane, causing unit 2, which was in the right lane, to swerve off the the right side of the road to avoid a collision. Unit 2 struck the curb. Unit 1 continued southbound and a witness obtained the license plate.</p> |   |   |   |   |  |  |  |
| CRASH REPORTED DATE/TIME  |   | DISPATCH DATE/TIME  |   | ARRIVAL DATE/TIME   |  | SCENE CLEARED DATE/TIME  | REPORT TAKEN BY  |
| 11/01/2023 11:31  |   | 11/01/2023 11:37  |   | 11/01/2023 11:37  |  | 11/01/2023 11:53   | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST             |
| TOTAL TIME ROADWAY CLOSED   | OTHER INVESTIGATION TIME  | TOTAL MINUTES   | OFFICER'S NAME*   |   | CHECKED BY OFFICER'S NAME*   |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD) |
|   |   |   | Singleton, Craig  |   | Cresap, Lori   |  |  |
| 0   | 0   | 16  | OFFICER'S BADGE NUMBER*   |   | CHECKED BY OFFICER'S BADGE NUMBER*   |  |  |
|   |   |   | 89  |   | 87   |  |  |

IR23-003467

| LOCAL REPORT NUMBER*  |  |
|---|--|
| IR23-003467   |  |
| <b>DAMAGE</b>   |  |
| <b>DAMAGE SCALE</b>   |  |
| 9   | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                 |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |  |
|    |  |
|    |  |
|   |  |
|   |  |
|    |  |
|    |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]  |  |
| <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]   |  |
| <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]   |  |
| <b>INITIAL POINT OF CONTACT</b>   |  |
| 15  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP    14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
| <b>TRAFFIC</b>  |  |
| TRAFFICWAY FLOW   | TRAFFIC CONTROL  |
| 2   | 1 - ONE-WAY<br>2 - TWO-WAY   |
| 6   | 1 - ROUNABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL                                       |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING  |
| 4   | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING  |
| <b>UNIT / NON-MOTORIST DIRECTION</b>  |  |
| FROM 1  | TO 2   |
| 1 - NORTH    5 - NORTHEAST<br>2 - SOUTH    6 - NORTHWEST<br>3 - EAST    7 - SOUTHEAST<br>4 - WEST    8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |  |
| <b>UNIT SPEED</b>   |  |
| 35  |  |
| <b>DETECTED SPEED</b>   |  |
| 1   |  |
| 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED  |  |
| <b>POSTED SPEED</b>   |  |
| 35  |  |

IR23-003467

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
2537 BEEKMAN ST, CINCINNATI, OH 45225COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|                |                            |   |                      |                      |
|----------------|----------------------------|---|----------------------|----------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>KAW4292 | VEHICLE IDENTIFICATION #<br>3FA6P0LU3HR385074 | VEHICLE YEAR<br>2017 | VEHICLE MAKE<br>Ford |
|----------------|----------------------------|---|----------------------|----------------------|

|   |                                  |                                 |                |                         |
|---|----------------------------------|---------------------------------|----------------|-------------------------|
| <input checked="" type="checkbox"/> INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>THE GENERAL | INSURANCE POLICY #<br>OH6193574 | COLOR<br>White | VEHICLE MODEL<br>Fusion |
|---|----------------------------------|---------------------------------|----------------|-------------------------|

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

|                          |   |  |   |   |   |
|--------------------------|---|--|---|---|---|
| 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 | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP |
| 0<br># OF TRAILING UNITS |   |  |   |   |   |

|  |                               |  |   |             |
|--|-------------------------------|--|---|-------------|
| 2<br>WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED? | 0<br>AUTONOMOUS<br>MODE LEVEL | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
| 1 - YES<br>2 - NO<br>9 - OTHER/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 | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|--------------------------|--|---|--|---|---|

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

|                         |  |  |   |   |                    |
|-------------------------|--|--|---|---|--------------------|
| 1<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 | 99 - OTHER/UNKNOWN |
|-------------------------|--|--|---|---|--------------------|

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

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

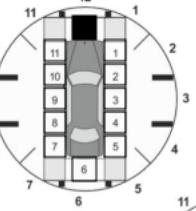
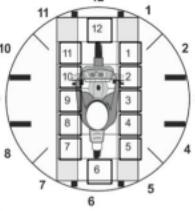
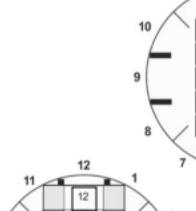
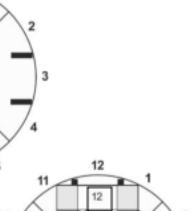
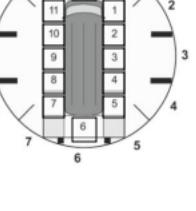
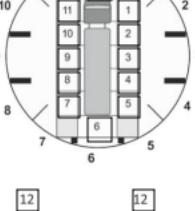
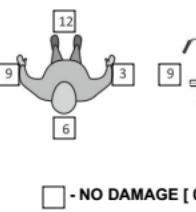
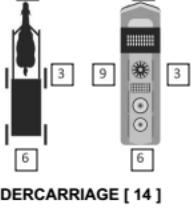
|                                    |   |  |  |   |  |
|------------------------------------|---|--|--|---|--|
| 1<br>CONTRIBUTING<br>CIRCUMSTANCES | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<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 | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION |
|------------------------------------|---|--|--|---|--|

## SEQUENCE OF EVENTS

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

|         |  |   |   |  |   |
|---------|--|---|---|--|---|
| 4<br>43 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE                                    | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE             | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT |
| 5<br>3  | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER | 40 - SUPPORT<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT   | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>99 - OTHER/UNKNOWN | 99 - OTHER/UNKNOWN  |

4  
2  
FIRST HARMFUL EVENT  
2  
MOST HARMFUL EVENT

|   |   |
|---|---|
| DAMAGE  |   |
| DAMAGE SCALE  |   |
| 2   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN   |
| 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |   |
|         |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input checked="" type="checkbox"/> - UNDERCARRIAGE [ 14 ]   |   |
| <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]   |   |
| <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]   |   |
| INITIAL POINT OF CONTACT  |   |
| 12  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT<br>DIAGRAM<br>13 - TOP  |
| TRAFFIC   |   |
| TRAFFICWAY FLOW<br>2  | TRAFFIC CONTROL<br>6  |
| 1 - ONE-WAY<br>2 - TWO-WAY  | 1 - ROUNDABOUT<br>4 - STOP SIGN<br>2 - SIGNAL<br>5 - YIELD SIGN<br>3 - FLASHER<br>6 - NO CONTROL  |
| # OF THROUGH LANES<br>ON ROAD<br>4  | RAIL GRADE CROSSING<br>1  |
| 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING  |   |
| UNIT / NON-MOTORIST DIRECTION   |   |
| FROM 1<br>TO 2  | 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 |
| UNIT SPEED<br>25  |   |
| DETECTED SPEED<br>1   |   |
| 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED   |   |
| POSTED SPEED<br>35  |   |



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR23-003467

|  |        |   |  |  |  |  |               |   |  |  |        |  |  |
|--|--------|---|--|--|--|--|---------------|---|--|--|--------|--|--|
| MOTORIST / NON-MOTORIST  | UNIT # | NAME: LAST, FIRST, MIDDLE   |  |  |  |  | DATE OF BIRTH |   |  | AGE  | GENDER |  |  |
|  | 1      | DRIVER, HITSKIP   |  |  |  |  |               |   |  |  | U      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>Unknown   |        |   |  |  |  |  |               |   |  |  |        |  |  |
| INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY(NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> 99 DOT-COMPLIANT MC HELMET SEATING POSITION <input type="checkbox"/> 1 AIR BAG USAGE <input type="checkbox"/> 1 EJECTION <input type="checkbox"/> 1 TRAPPED  |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL STATE <input type="checkbox"/> OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE <input type="checkbox"/> OFFENSE DESCRIPTION CITATION NUMBER  |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL CLASS <input type="checkbox"/> ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY <input type="checkbox"/> 9 ALCOHOL / DRUG SUSPECTED CONDITION <input type="checkbox"/> 9 ALCOHOL TEST STATUS <input type="checkbox"/> 1 TYPE <input type="checkbox"/> . VALUE STATUS <input type="checkbox"/> 1 TYPE <input type="checkbox"/> DRUG TEST(S) RESULT SELECT UP TO 4 MARIJUANA OTHER DRUG |        |   |  |  |  |  |               |   |  |  |        |  |  |
| UNIT # NAME: LAST, FIRST, MIDDLE<br>2 LOKOSSI, PATRICK<br>ADDRESS: STREET, CITY, STATE, ZIP<br>2537 BEEKMAN ST, CINCINNATI, OH 45225   |        |   |  |  |  |  |               |   |  |  |        |  |  |
| INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY(NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> 4 DOT-COMPLIANT MC HELMET SEATING POSITION <input type="checkbox"/> 1 AIR BAG USAGE <input type="checkbox"/> 1 EJECTION <input type="checkbox"/> 1 TRAPPED   |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL STATE <input type="checkbox"/> OH OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE <input type="checkbox"/> OFFENSE DESCRIPTION CITATION NUMBER   |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL CLASS <input type="checkbox"/> ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY <input type="checkbox"/> 1 ALCOHOL / DRUG SUSPECTED CONDITION <input type="checkbox"/> 1 ALCOHOL TEST STATUS <input type="checkbox"/> 1 TYPE <input type="checkbox"/> . VALUE STATUS <input type="checkbox"/> 1 TYPE <input type="checkbox"/> DRUG TEST(S) RESULT SELECT UP TO 4 MARIJUANA OTHER DRUG |        |   |  |  |  |  |               |   |  |  |        |  |  |
| UNIT # NAME: LAST, FIRST, MIDDLE<br>ADDRESS: STREET, CITY, STATE, ZIP  |        |   |  |  |  |  |               |   |  |  |        |  |  |
| INJURIES <input type="checkbox"/> INJURED TAKEN BY <input type="checkbox"/> EMS AGENCY(NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED <input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION <input type="checkbox"/> AIR BAG USAGE <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED   |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL STATE <input type="checkbox"/> OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE <input type="checkbox"/> OFFENSE DESCRIPTION CITATION NUMBER  |        |   |  |  |  |  |               |   |  |  |        |  |  |
| OL CLASS <input type="checkbox"/> ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY <input type="checkbox"/> ALCOHOL / DRUG SUSPECTED CONDITION <input type="checkbox"/> ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> . VALUE STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> DRUG TEST(S) RESULT SELECT UP TO 4 MARIJUANA OTHER DRUG         |        |   |  |  |  |  |               |   |  |  |        |  |  |
| 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) |  | 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<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<br>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  |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |               | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |  | TEST STATUS<br>ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - 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     |        | OL RESTRICTION(S)<br>DRIVER DISTRACTION<br>TEST STATUS<br>DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |  | CONDITION<br>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 |  | TEST STATUS<br>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 |               |   |  |  |        |  |  |

IR23-003467

| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|--|---|--|------------------------------------|---|-----------------------------------|--|------------------|---------------|----------|---------|--------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|-------------------------|--|-------------------------|------------------------|--|------------------|---|-----------------|---------|-----------------|--------------------|-----------------|------------|---|-------------------|-----------------------|---------------------|--------------------------|-----------------------------------|---------------------|---------------|---|--|--------------------|------------|----------------------|---|----------------|----------|--|--------------------|-----------------|---------------------|--|---|------------------------------------|--|--|-------------------|-----------------------------------|
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | INJURIES                                      | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | INJURIES                                      | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | INJURIES                                      | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| OCCUPANT   | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | INJURIES                                      | INJURED TAKEN BY   | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><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   |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | TURNER, KENNETH                               |  |                                    |   |                                   | 04/12/1952                                       |                  | 71            | M        |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| WITNESS  | ADDRESS: STREET, CITY, STATE, ZIP             |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
|  | 1220 SIPPLE AVE, HAMILTON, OH 45011           |  |                                    |   |                                   |  |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |
| 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                |                  |               |          |         |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |                                   |