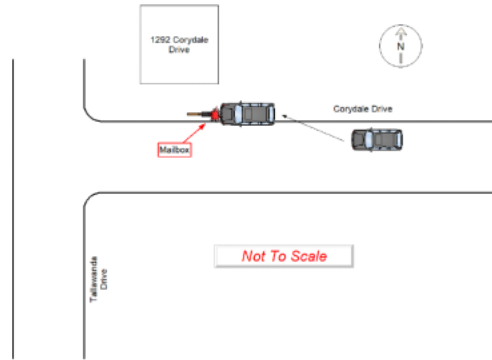


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                |  |                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                                                                                                                        |  | LOCAL INFORMATION                                                                                                                                                           |  | IR23-003267                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                |  |                                                |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                           |  | NCIC*<br>00901                                                                                                                                                              |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                                                                                         |  | NUMBER OF UNITS<br>1                                                                                                                           |  | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                                                                                                                                                                                                                    |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                             |  | CRASH DATE/TIME*<br>10/22/2023 04:18                                                                                                                                                                                                                                                                           |  | CRASH SEVERITY<br>5 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<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | LOCATION ROAD NAME<br>Corydale                                                                                                                                                                                                                                                                                 |  | ROAD TYPE<br>DR                                                                                                                                |  | LATITUDE<br>39.335190                          |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | ROUTE NUMBER                                                                                                                                                                                                                                                              |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>1292                                                                                                                                                                                                                                                          |  | ROAD TYPE                                                                                                                                      |  | LONGITUDE<br>-84.571411                        |  |
| REFERENCE POINT<br>3 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                                                                                 |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br>WITHIN INTERSECTION OR ON APPROACH<br>WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>3                             |  |                                                |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                                                            |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  | ROADWAY<br>ROADWAY DIVIDED                                                                                                                     |  |                                                |  |
| LOCATION OF FIRST HARMFUL EVENT<br>4 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN                                                                                                       |  | MANNER OF CRASH COLLISION/IMPACT<br>1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                       |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                                                                                                            |  |                                                                                                                                                |  |                                                |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                                                                                                                                                 |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                           |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1                                                                                                                                                                                                                                                                                                   |  | CONDITIONS<br>1                                                                                                                                |  | SURFACE<br>2                                   |  |
| LIGHT CONDITION<br>4 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 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                        |  | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                                                |  | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN              |  |                                                |  |
| NARRATIVE<br>On 10/22/2023 at around 4:18 a.m., Unit 1 was traveling west bound on Corydale Drive in front of 1292 when the driver drove off the right side of the roadway and struck the mailbox. Unit 1 then fled the scene without stopping to provide her information.<br><br>Unit 1 was also charged with OVI F.C.O. 333.01a1a and Leaving the Scene F.C.O. 335.12a<br><br>The owner of the mailbox at 1292 Corydale Drive is Edgar Weeger. His telephone number |  |                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                             |  | DIAGRAM<br>                                                                                                                                                                                                                |  |                                                                                                                                                |  |                                                |  |
| CRASH REPORTED DATE/TIME<br>10/22/2023 04:18                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DISPATCH DATE/TIME<br>10/22/2023 04:20                                                                                                                                                                                                                                    |  | ARRIVAL DATE/TIME<br>10/22/2023 04:23                                                                                                                                       |  | SCENE CLEARED DATE/TIME<br>10/22/2023 05:08                                                                                                                                                                                                                                                                    |  | REPORT TAKEN BY<br>POLICE AGENCY<br>MOTORIST<br>SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                         |  |                                                |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | OTHER INVESTIGATION TIME<br>0                                                                                                                                                                                                                                             |  | TOTAL MINUTES<br>48                                                                                                                                                         |  | OFFICER'S NAME*<br>McGuffey, Andy                                                                                                                                                                                                                                                                              |  | CHECKED BY OFFICER'S NAME*<br>McGuffey, Andy                                                                                                   |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                           |  | OFFICER'S BADGE NUMBER*<br>172                                                                                                                                              |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>172                                                                                                                                                                                                                                                                      |  |                                                                                                                                                |  |                                                |  |

IR23-003267

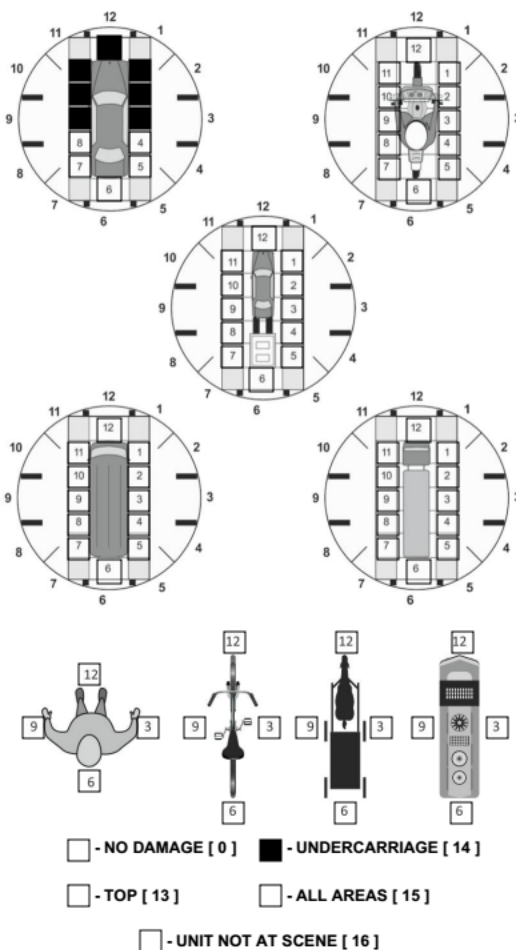
|                                                                                                                                       |                                                                                                        |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BENEDICT, PACY AMERICUS | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1325 DALTON CT, FAIRFIELD, OH 45014            |                                                                                                        |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                        | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>JUW9811                                                                             | VEHICLE IDENTIFICATION #<br>1C4RDHAG5FC239377                          |
| VEHICLE YEAR<br>2015                                                                                                                  |                                                                                                        | VEHICLE MAKE<br>Dodge                                                  |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                           | INSURANCE COMPANY                                                                                      | INSURANCE POLICY #                                                     |
| COLOR<br>Black                                                                                                                        |                                                                                                        | VEHICLE MODEL<br>DURANGO                                               |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                        |                                                                        |
| US DOT #                                                                                                                              |                                                                                                        |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                        |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                |                                                                                                        |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                        |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                        |                                                                        |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                                        |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                        |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                        |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                        |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                        |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                        |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                        |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                        |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                                        |                                                                        |
| ACTION<br>3                                                                                                                           |                                                                                                        |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>11                                                                                                      |                                                                                                        |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                        |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                        |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                        |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                        |                                                                        |
| MOST HARMFUL EVENT<br>2                                                                                                               |                                                                                                        |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

25

## DETECTED SPEED

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



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------|----------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|-------------------|--|--------------------|--|-------------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                                       | DATE OF BIRTH                     |                                   | AGE             | GENDER   |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | BENEDICT, PACY AMERICUS    |                            |                                                 |                                                                                                                       | 07/02/2002                        |                                   | 21              | F        |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                            |                            |                                                 |                                                                                                                       | CONTACT PHONE - INCLUDE AREA CODE |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| 1325 DALTON CT, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                                                                                                                 | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                 | DOT-COMPLIANT MC HELMET           | SEATING POSITION                  | AIR BAG USAGE   | EJECTION | TRAPPED                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                                                                                                                        |                            |                            |                                                 | 4                                                                                                                     | <input type="checkbox"/>          | 1                                 | 1               | 1        | 1                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                                                                                                                 | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                            | OFFENSE DESCRIPTION               |                                   | CITATION NUMBER |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OH                                                                                                                       |                            |                            | 331.34a                                         |                                                                                                                       | Failure to Control                |                                   | 2300097656      |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                                                                                                                 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                              |                                   | CONDITION                         | ALCOHOL TEST    |          | DRUG TEST(S)                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                        |                            |                            | 1                                               | <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 6                                 | STATUS 4        | TYPE 4   | VALUE .246                                                                                 | STATUS 1                                                                                                                                                                                                                                                                                                                                                                                       | TYPE 1                                                                                                                                                                                  | RESULT SELECT UP TO 4                                                                                                                                    |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                                                                                                   | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                                       | DATE OF BIRTH                     |                                   | AGE             | GENDER   |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS: STREET, CITY, STATE, ZIP                                                                                        |                            |                            |                                                 |                                                                                                                       |                                   | CONTACT PHONE - INCLUDE AREA CODE |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                                                                                                                 | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                 | DOT-COMPLIANT MC HELMET           | SEATING POSITION                  | AIR BAG USAGE   | EJECTION | TRAPPED                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 |                                                                                                                       | <input type="checkbox"/>          |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                                                                                                                 | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                            | OFFENSE DESCRIPTION               |                                   | CITATION NUMBER |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                                                                                                                 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                              |                                   | CONDITION                         | ALCOHOL TEST    |          | DRUG TEST(S)                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            |                                   |                                   | STATUS          | TYPE     | VALUE                                                                                      | STATUS                                                                                                                                                                                                                                                                                                                                                                                         | TYPE                                                                                                                                                                                    | RESULT SELECT UP TO 4                                                                                                                                    |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT #                                                                                                                   | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                                       | DATE OF BIRTH                     |                                   | AGE             | GENDER   |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS: STREET, CITY, STATE, ZIP                                                                                        |                            |                            |                                                 |                                                                                                                       |                                   | CONTACT PHONE - INCLUDE AREA CODE |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INJURIES                                                                                                                 | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                                                                                 | DOT-COMPLIANT MC HELMET           | SEATING POSITION                  | AIR BAG USAGE   | EJECTION | TRAPPED                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 |                                                                                                                       | <input type="checkbox"/>          |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE                                                                                                                 | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE                                                                                                            | OFFENSE DESCRIPTION               |                                   | CITATION NUMBER |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS                                                                                                                 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                              |                                   | CONDITION                         | ALCOHOL TEST    |          | DRUG TEST(S)                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                            |                            |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            |                                   |                                   | STATUS          | TYPE     | VALUE                                                                                      | STATUS                                                                                                                                                                                                                                                                                                                                                                                         | TYPE                                                                                                                                                                                    | RESULT SELECT UP TO 4                                                                                                                                    |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INJURIES                                                                                                                 |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                         | AIR BAG                                                                                                                                                  |                                                                                                                                                              | OL CLASS |                | OL RESTRICTION(S) |  | DRIVER DISTRACTION |  | TEST STATUS |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |                                                                                                                                                                                         | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |                                                                                                                                                              |          |                |                   |  |                    |  |             |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          | EJECTION                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | OL ENDORSEMENT                                                                                                                                                                          |                                                                                                                                                          | CONDITION                                                                                                                                                    |          | DRUG TEST TYPE |                   |  |                    |  |             |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE      |                                                                                                                                                                                                                                                                                                                                                                                                | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                                                                                                                                                          | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |          |                |                   |  |                    |  |             |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          | TRAPPED                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                | GENDER                                                                                                                                                                                  |                                                                                                                                                          | DRUG TEST RESULT(S)                                                                                                                                          |          |                |                   |  |                    |  |             |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                 |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |                                                                                                                                                                                                                                                                                                                                                                                                | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                           |                                                                                                                                                          | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                              |          |                |                   |  |                    |  |             |  |
| 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                                                                                                                          |                            |                            |                                                 |                                                                                                                       |                                   |                                   |                 |          |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                          | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |          |                |                   |  |                    |  |             |  |