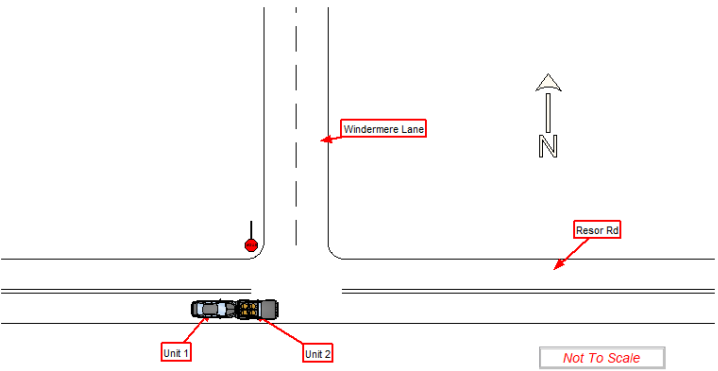


|                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                               |                                                             | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                           | LOCAL INFORMATION                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                | IR23-002744                                                                                                       |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                                                                                           | NCIC*<br>00901                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                            | NUMBER OF UNITS<br>2                                                                                                                                            |                                       |                                             |                                                                                                                        |
| UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                   | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>09/27/2023 08:50                                                                              |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      |                                                             | ROUTE NUMBER                                                                                                                                                                                                                                                              | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    | LOCATION ROAD NAME<br>Resor                                                                                                                                                                                                                                                                                    | ROAD TYPE<br>RD                                                                                                   | LATITUDE<br>39.321855                                                                                                                                           |                                       |                                             |                                                                                                                        |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      |                                                             | ROUTE NUMBER                                                                                                                                                                                                                                                              | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>1971                                                                                                                                                                                                                                                          | ROAD TYPE                                                                                                         | LONGITUDE<br>-84.552413                                                                                                                                         |                                       |                                             |                                                                                                                        |
| 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>1 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>2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                                                                                                                                                                             | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN                                                                                                                                                                        |                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| 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>2 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN | CONDITIONS<br>2 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 |                                       |                                             |                                                                                                                        |
| SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| LIGHT CONDITION<br>1 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>4 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                                     |                                                                                                                                                                             | NARRATIVE<br>On 09-27-23 at 8:50 a.m., Unit 1 and Unit 2 were traveling east on Resor Rd. when Unit 2 stopped to make a left turn onto Windermere Ln. Unit 1 was unable to stop and drove into the rear of Unit 2.                                                                                             |                                                                                                                   |                                                                                                                                                                 |                                       |                                             |                                                                                                                        |
| DIAGRAM<br>                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                                                                                           | CRASH REPORTED DATE/TIME<br>09/27/2023 08:51                                                                                                                                |                                                                                                                                                                                                                                                                                                                |                                                                                                                   | DISPATCH DATE/TIME<br>09/27/2023 08:53                                                                                                                          | ARRIVAL DATE/TIME<br>09/27/2023 09:02 | SCENE CLEARED DATE/TIME<br>09/27/2023 09:32 | 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>20                              | TOTAL MINUTES<br>59                                                                                                                                                                                                                                                       | OFFICER'S NAME*<br>Drake, Joseph                                                                                                                                            | CHECKED BY OFFICER'S NAME*<br>Sprague, Jeffrey                                                                                                                                                                                                                                                                 | OFFICER'S BADGE NUMBER*<br>88                                                                                     | CHECKED BY OFFICER'S BADGE NUMBER*<br>84                                                                                                                        |                                       |                                             |                                                                                                                        |

IR23-002744

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>FOSTER, TEKOA LASHAY | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2492 STONYPPOINT DR, CINCINNATI, OH 45231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JMU2551                                                                          | VEHICLE IDENTIFICATION #<br>3KPA24AB0JE075876                          |
| VEHICLE YEAR<br>2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | VEHICLE MAKE<br>Kia                                                    |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>ALLSTATE INSURANCE                                                             | INSURANCE POLICY #<br>826396586                                        |
| COLOR<br>Silver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | VEHICLE MODEL<br>Rio                                                   |
| 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<br>ALLSTATE INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                     |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                        |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                        |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                        |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - STRAIGHT AHEAD<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - ENTERING TRAFFIC<br>14 - BACKING<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                 |                                                                                                     |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                     |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                               |                                                                                                     |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                     |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                        |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

## TRAFFIC CONTROL

6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

## UNIT SPEED

20

## DETECTED SPEED

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

## POSTED SPEED

25

IR23-002744

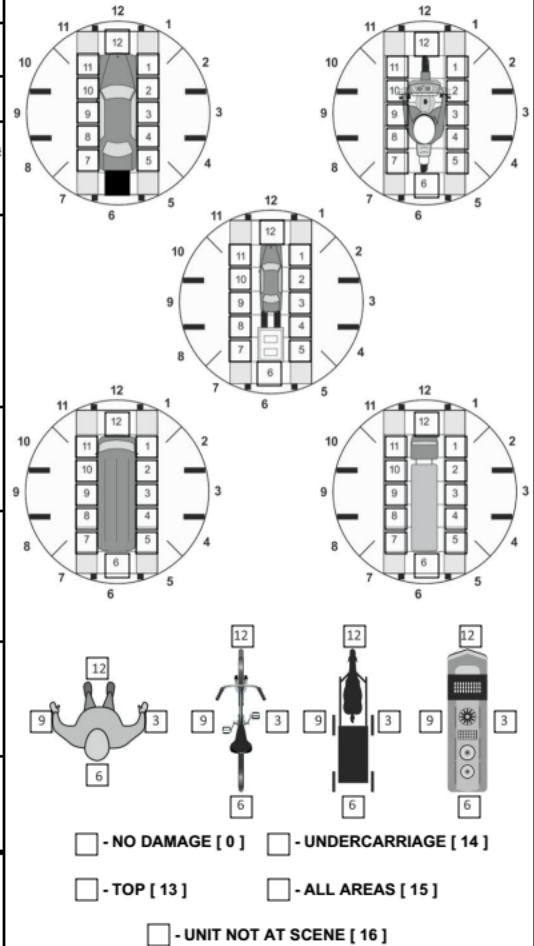
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BANDEA, ELISABETH | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>6190 RICKY DR, FAIRFIELD, OH 45014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                             |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE #<br>JKA8235                                                                       | VEHICLE IDENTIFICATION #<br>1C4BJWDG9GL330082                                           |
| VEHICLE YEAR<br>2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | VEHICLE MAKE<br>Jeep                                                                    |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                       | INSURANCE POLICY #<br>971021936                                                         |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | US DOT #                                                                                |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | HIT/SKIP UNIT <input type="checkbox"/>                                                  |
| # OCCUPANTS<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS. |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  | TOWED BY: COMPANY NAME                                                                  |
| UNIT TYPE<br>3<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                                                  |                                                                                                  |                                                                                         |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                         |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                         |
| SPECIAL FUNCTION<br>1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                         |
| CARGO BODY TYPE<br>1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                         |
| VEHICLE DEFECTS<br>1<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                         |
| NON-MOTORIST LOCATION AT IMPACT<br>1<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                         |
| ACTION<br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER/UNKNOWN<br>1 - PRE-CRASH ACTIONS<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                        |                                                                                                  |                                                                                         |
| CONTRIBUTING CIRCUMSTANCES<br>1<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                                                  |                                                                                         |
| SEQUENCE OF EVENTS<br>1<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                  |                                                                                                  |                                                                                         |
| COLLISION WITH FIXED OBJECT - STRUCK<br>4<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                  |                                                                                         |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                         |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                                         |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                      | TRAFFIC CONTROL<br>6<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                         | RAIL GRADE CROSSING<br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING            |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                          |
| UNIT SPEED<br>0                                                                                                                                                                         | DETECTED SPEED<br>1<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>25                                                                                                                                                                      |                                                                                                                          |

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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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 |           |                         | AGE                  | GENDER        |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          | SAFETY EQUIPMENT USED |           | DOT-COMPLIANT MC HELMET | SEATING POSITION     | AIR BAG USAGE | EJECTION | TRAPPED |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  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 |           | STATUS                  | TYPE                 | VALUE         | STATUS   | TYPE    | RESULT SELECT UP TO 4 |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                                            | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                        | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                 |                       |           |                         |                      |               |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                       |           |                         |                      |               |          |         |                       |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      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# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR23-002744

|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
|---------------------|------------------------------------------|-------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|--------------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>          |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     | 2                                        | BASTIN, ARIA E                            |                                               |                                                                                        |                                               | 03/06/2013                                       |                                | 10                   | F               |                |
| <b>OCCUPANT</b>     | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     | 6190 RICKY DR, FAIRFIELD, OH 45014       |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                   | <b>EMS AGENCY (NAME)</b>                      | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                 | <b>SAFETY EQUIPMENT USED</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>        | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                     | 5                                        |                                           |                                               |                                                                                        | 4                                             |                                                  | 3                              | 1                    | 1               | 1              |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>          |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     | 2                                        | BASTIN, LENNON L                          |                                               |                                                                                        |                                               | 12/02/2019                                       |                                | 3                    | M               |                |
| <b>OCCUPANT</b>     | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     | 6190 RICKY DR, FAIRFIELD, OH 45014       |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                   | <b>EMS AGENCY (NAME)</b>                      | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                 | <b>SAFETY EQUIPMENT USED</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>        | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                     | 5                                        |                                           |                                               |                                                                                        | 5                                             |                                                  | 6                              | 5                    | 1               | 1              |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>          |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                   | <b>EMS AGENCY (NAME)</b>                      | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                 | <b>SAFETY EQUIPMENT USED</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>        | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>          |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                   | <b>EMS AGENCY (NAME)</b>                      | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>                                 | <b>SAFETY EQUIPMENT USED</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>        | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>OCCUPANT</b>     | <b>INJURY</b>                            |                                           | <b>SAFETY EQUIPMENT USED</b>                  |                                                                                        | <b>SEATING POSITION</b>                       |                                                  | <b>AIR BAG USAGE</b>           |                      |                 |                |
|                     | 1 - FATAL                                |                                           | 1 - NONE USED - VEHICLE OCCUPANT              |                                                                                        | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)     |                                                  | 1 - NOT DEPLOYED               |                      |                 |                |
|                     | 2 - SUSPECTED SERIOUS INJURY             |                                           | 2 - SHOULDER BELT ONLY USED                   |                                                                                        | 2 - FRONT - MIDDLE                            |                                                  | 2 - DEPLOYED FRONT             |                      |                 |                |
|                     | 3 - SUSPECTED MINOR INJURY               |                                           | 3 - LAP BELT ONLY USED                        |                                                                                        | 3 - FRONT - RIGHT SIDE                        |                                                  | 3 - DEPLOYED SIDE              |                      |                 |                |
|                     | 4 - POSSIBLE INJURY                      |                                           | 4 - SHOULDER & LAP BELT USED                  |                                                                                        | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) |                                                  | 4 - DEPLOYED BOTH FRONT / SIDE |                      |                 |                |
|                     | 5 - NO APPARENT INJURY                   |                                           | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                                                                                        | 5 - SECOND - MIDDLE                           |                                                  | 5 - NOT APPLICABLE             |                      |                 |                |
|                     | <b>INJURED TAKEN BY</b>                  |                                           | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                                                                                        | 6 - SECOND - RIGHT SIDE                       |                                                  | 9 - DEPLOYMENT UNKNOWN         |                      |                 |                |
|                     | 1 - NOT TRANSPORTED / TREATED AT SCENE   |                                           | 7 - BOOSTER SEAT                              |                                                                                        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   |                                                  | <b>EJECTION</b>                |                      |                 |                |
|                     | 2 - EMS                                  |                                           | 8 - HELMET USED                               |                                                                                        | 8 - THIRD - MIDDLE                            |                                                  | 1 - NOT EJECTED                |                      |                 |                |
|                     | 3 - POLICE                               |                                           | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                                                                                        | 9 - THIRD - RIGHT                             |                                                  | 2 - PARTIALLY EJECTED          |                      |                 |                |
| <b>GENDER</b>       |                                          | 10 - REFLECTIVE CLOTHING                  |                                               | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |                                               | 3 - TOTALLY EJECTED                              |                                |                      |                 |                |
| F - FEMALE          |                                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |                                               | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                               | 4 - NOT APPLICABLE                               |                                |                      |                 |                |
| M - MALE            |                                          | 99 - OTHER / UNKNOWN                      |                                               | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                |                                               | <b>TRAPPED</b>                                   |                                |                      |                 |                |
| U - OTHER / UNKNOWN |                                          |                                           |                                               | 13 - TRAILING UNIT                                                                     |                                               | 1 - NOT TRAPPED                                  |                                |                      |                 |                |
|                     |                                          |                                           |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                               | 2 - EXTRICATED BY MECHANICAL MEANS               |                                |                      |                 |                |
|                     |                                          |                                           |                                               | 15 - NON-MOTORIST                                                                      |                                               | 3 - FREED BY NON-MECHANICAL MEANS                |                                |                      |                 |                |
|                     |                                          |                                           |                                               | 99 - OTHER / UNKNOWN                                                                   |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                           |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                           |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>NAME: LAST, FIRST, MIDDLE</b>         |                                           |                                               |                                                                                        |                                               | <b>DATE OF BIRTH</b>                             |                                | <b>AGE</b>           | <b>GENDER</b>   |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |
| <b>WITNESS</b>      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                           |                                               |                                                                                        |                                               | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                                |                      |                 |                |
|                     |                                          |                                           |                                               |                                                                                        |                                               |                                                  |                                |                      |                 |                |