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|---|---------------------------|---|---|---|---|---|--|--|---|---|---|--------------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------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          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |      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      |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |
| <b>COUNTY*</b> 09 <b>LOCALITY*</b> 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP  |                           | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Fairfield   |   |   |   | <b>CRASH DATE/TIME*</b><br>12/23/2023 10:15   |  |  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |   |   |                                |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |     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  |            |            |            |            |            |            |            |            |            |            |            |            |
| <b>REFERENCE LOCATION</b><br><br><b>ROUTE TYPE</b> SR <b>ROUTE NUMBER</b> 4 <b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>LOCATION ROAD NAME</b> |   |   |   | <b>ROAD TYPE</b>  | <b>LATITUDE</b><br>39.335300  |  |  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>5381  |   | <b>ROAD TYPE</b>  | <b>LONGITUDE</b><br>-84.527670 |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |       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     |            |            |            |            |            |            |            |
|   | <b>ROUTE TYPE</b>         | <b>ROUTE NUMBER</b>   | <b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>5381  |   |   |  | <b>ROAD TYPE</b>   |   |   |   | <b>LONGITUDE</b><br>-84.527670 |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |         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|
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |                           | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |   | <b>ROAD TYPE</b><br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |   | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  |   |   | <b>NUMBER OF APPROACHES</b><br><b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED |                                |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |        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| <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP  |                           | <b>9 - CROSSOVER<br/>10 - DRIVEWAY/ALLEY ACCESS<br/>11 - RAILWAY GRADE<br/>CROSSING<br/>12 - SHARED USE PATHS OR<br/>TRAILS<br/>13 - BIKE LANE<br/>14 - TOLL BOOTH<br/>99 - OTHER/UNKNOWN</b> |   | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION<br>2 - BETWEEN<br>TWO MOTOR VEHICLES IN<br>TRANSPORT<br>3 - REAR-END<br>4 - HEAD-ON                                      |   | <b>6</b><br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>DIRECTION<br>8 - SIDESWIPE, OPPOSITE<br>DIRECTION<br>9 - OTHER/UNKNOWN |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN<br>(< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(> 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN<br>(ANY TYPE)<br>9 - OTHER/UNKNOWN                                       |   |   |                                |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |     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| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |                           | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING<br>WORK<br>5 - OTHER                                  |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |   | <b>CONTOUR</b><br>1   | <b>CONDITIONS</b><br>2   | <b>SURFACE</b><br>2  | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN |   |   |                                |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |          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         |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |            |
| <b>LIGHT CONDITION</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN   |                           | <b>1</b>  | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING<br>DRIZZLE<br>99 - OTHER/UNKNOWN |   | <b>2</b>  | <b>1</b>  | <b>2</b>   | <b>3</b>   | <b>4</b>  | <b>5</b>  | <b>6</b>  | <b>7</b>                       | <b>8</b> | <b>9</b> | <b>10</b> | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> | <b>15</b> | <b>16</b> | <b>17</b> | <b>18</b> | <b>19</b> | <b>20</b> | <b>21</b> | <b>22</b> | <b>23</b> | <b>24</b> | <b>25</b> | <b>26</b> | <b>27</b> | <b>28</b> | <b>29</b> | <b>30</b> | <b>31</b> | <b>32</b> | <b>33</b> | <b>34</b> | <b>35</b> | <b>36</b> | <b>37</b> | <b>38</b> | <b>39</b> | <b>40</b> | <b>41</b> | <b>42</b> | <b>43</b> | <b>44</b> | <b>45</b> | <b>46</b> | <b>47</b> | <b>48</b> | <b>49</b> | <b>50</b> | <b>51</b> | <b>52</b> | <b>53</b> | <b>54</b> | <b>55</b> | <b>56</b> | <b>57</b> | <b>58</b> | <b>59</b> | <b>60</b> | <b>61</b> | <b>62</b> | <b>63</b> | <b>64</b> | <b>65</b> | <b>66</b> | <b>67</b> | <b>68</b> | <b>69</b> | <b>70</b> | <b>71</b> | <b>72</b> | <b>73</b> | <b>74</b> | <b>75</b> | <b>76</b> | <b>77</b> | <b>78</b> | <b>79</b> | <b>80</b> | <b>81</b> | <b>82</b> | <b>83</b> | <b>84</b> | <b>85</b> | <b>86</b> | <b>87</b> | <b>88</b> | <b>89</b> | <b>90</b> | <b>91</b> | <b>92</b> | <b>93</b> | <b>94</b> | <b>95</b> | <b>96</b> | <b>97</b> | <b>98</b> | <b>99</b> | <b>100</b> | <b>101</b> | <b>102</b> | <b>103</b> | <b>104</b> | <b>105</b> | <b>106</b> | <b>107</b> | <b>108</b> | <b>109</b> | <b>110</b> | <b>111</b> | <b>112</b> | <b>113</b> | <b>114</b> | <b>115</b> | <b>116</b> | <b>117</b> | <b>118</b> | <b>119</b> | <b>120</b> | <b>121</b> | <b>122</b> | <b>123</b> | <b>124</b> | <b>125</b> | <b>126</b> | <b>127</b> | <b>128</b> | <b>129</b> | <b>130</b> | <b>131</b> | <b>132</b> | <b>133</b> | <b>134</b> | <b>135</b> | <b>136</b> | <b>137</b> | <b>138</b> | <b>139</b> | <b>140</b> | <b>141</b> | <b>142</b> | <b>143</b> | <b>144</b> | <b>145</b> | <b>146</b> | <b>147</b> | <b>148</b> | <b>149</b> | <b>150</b> | <b>151</b> | <b>152</b> | <b>153</b> | <b>154</b> | <b>155</b> | <b>156</b> | <b>157</b> | <b>158</b> | <b>159</b> | <b>160</b> | <b>161</b> | <b>162</b> | <b>163</b> | <b>164</b> | <b>165</b> | <b>166</b> | <b>167</b> | <b>168</b> | <b>169</b> | <b>170</b> | <b>171</b> | <b>172</b> | <b>173</b> | <b>174</b> | <b>175</b> | <b>176</b> | <b>177</b> | <b>178</b> | <b>179</b> | <b>180</b> | <b>181</b> | <b>182</b> | <b>183</b> | <b>184</b> | <b>185</b> | <b>186</b> | <b>187</b> | <b>188</b> | <b>189</b> | <b>190</b> | <b>191</b> | <b>192</b> | <b>193</b> | <b>194</b> | <b>195</b> | <b>196</b> | <b>197</b> | <b>198</b> | <b>199</b> | <b>200</b> | <b>201</b> | <b>202</b> | <b>203</b> | <b>204</b> | <b>205</b> | <b>206</b> | <b>207</b> | <b>208</b> | <b>209</b> | <b>210</b> | <b>211</b> | <b>212</b> | <b>213</b> | <b>214</b> | <b>215</b> | <b>216</b> | <b>217</b> | <b>218</b> | <b>219</b> | <b>220</b> | <b>221</b> | <b>222</b> | <b>223</b> | <b>224</b> | <b>225</b> | <b>226</b> | <b>227</b> | <b>228</b> | <b>229</b> | <b>230</b> | <b>231</b> | <b>232</b> | <b>233</b> | <b>234</b> | <b>235</b> | <b>236</b> | <b>237</b> | <b>238</b> | <b>239</b> | <b>240</b> | <b>241</b> | <b>242</b> | <b>243</b> | <b>244</b> | <b>245</b> | <b>246</b> | <b>247</b> | <b>248</b> | <b>249</b> | <b>250</b> | <b>251</b> | <b>252</b> | <b>253</b> | <b>254</b> | <b>255</b> | <b>256</b> | <b>257</b> | <b>258</b> | <b>259</b> | <b>260</b> | <b>261</b> | <b>262</b> | <b>263</b> | <b>264</b> | <b>265</b> | <b>266</b> | <b>267</b> | <b>268</b> | <b>269</b> | <b>270</b> | <b>271</b> | <b>272</b> | <b>273</b> | <b>274</b> | <b>275</b> | <b>276</b> | <b>277</b> | <b>278</b> | <b>279</b> | <b>280</b> | <b>281</b> | <b>282</b> | <b>283</b> | <b>284</b> | <b>285</b> | <b>286</b> | <b>287</b> | <b>288</b> | <b>289</b> | <b>290</b> | <b>291</b> | <b>292</b> | <b>293</b> | <b>294</b> | <b>295</b> | <b>296</b> | <b>297</b> | <b>298</b> | <b>299</b> | <b>300</b> | <b>301</b> | <b>302</b> | <b>303</b> | <b>304</b> | <b>305</b> | <b>306</b> | <b>307</b> | <b>308</b> | <b>309</b> | <b>310</b> | <b>311</b> | <b>312</b> | <b>313</b> | <b>314</b> | <b>315</b> | <b>316</b> | <b>317</b> | <b>318</b> | <b>319</b> | <b>320</b> | <b>321</b> | <b>322</b> | <b>323</b> | <b>324</b> | <b>325</b> | <b>326</b> | <b>327</b> | <b>328</b> | <b>329</b> | <b>330</b> | <b>331</b> | <b>332</b> | <b>333</b> | <b>334</b> | <b>335</b> | <b>336</b> | <b>337</b> | <b>338</b> | <b>339</b> | <b>340</b> | <b>341</b> | <b>342</b> | <b>343</b> | <b>344</b> | <b>345</b> | <b>346</b> | <b>347</b> | <b>348</b> | <b>349</b> | <b>350</b> | <b>351</b> | <b>352</b> | <b>353</b> | <b>354</b> | <b>355</b> | <b>356</b> | <b>357</b> | <b>358</b> | <b>359</b> | <b>360</b> | <b>361</b> | <b>362</b> | <b>363</b> | <b>364</b> | <b>365</b> | <b>366</b> | <b>367</b> | <b>368</b> | <b>369</b> | <b>370</b> | <b>371</b> | <b>372</b> | <b>373</b> | <b>374</b> | <b>375</b> | <b>376</b> | <b>377</b> | <b>378</b> | <b>379</b> | <b>380</b> | <b>381</b> | <b>382</b> | <b>383</b> | <b>384</b> | <b>385</b> | <b>386</b> | <b>387</b> | <b>388</b> | <b>389</b> | <b>390</b> | <b>391</b> | <b>392</b> | <b>393</b> | <b>394</b> | <b>395</b> | <b>396</b> | <b>397</b> | <b>398</b> | <b>399</b> | <b>400</b> | <b>401</b> | <b>402</b> | <b>403</b> | <b>404</b> | <b>405</b> | <b>406</b> | <b>407</b> | <b>408</b> | <b>409</b> | <b>410</b> | <b>411</b> | <b>412</b> | <b>413</b> | <b>414</b> | <b>415</b> | <b>416</b> | <b>417</b> | <b>418</b> | <b>419</b> | <b>420</b> | <b>421</b> | <b>422</b> | <b>423</b> | <b>424</b> | <b>425</b> | <b>426</b> | <b>427</b> | <b>428</b> | <b>429</b> | <b>430</b> | <b>431</b> | <b>432</b> | <b>433</b> | <b>434</b> | <b>435</b> | <b>436</b> | <b>437</b> | <b>438</b> | <b>439</b> | <b>440</b> | <b>441</b> | <b>442</b> | <b>443</b> | <b>444</b> | <b>445</b> | <b>446</b> | <b>447</b> | <b>448</b> | <b>449</b> | <b>450</b> | <b>451</b> | <b>452</b> | <b>453</b> | <b>454</b> | <b>455</b> | <b>456</b> | <b>457</b> | <b>458</b> | <b>459</b> | <b>460</b> | <b>461</b> | <b>462</b> | <b>463</b> | <b>464</b> | <b>465</b> | <b>466</b> | <b>467</b> | <b>468</b> | <b>469</b> | <b>470</b> | <b>471</b> | <b>472</b> | <b>473</b> | <b>474</b> | <b>475</b> | <b>476</b> | <b>477</b> | <b>478</b> | <b>479</b> | <b>480</b> | <b>481</b> | <b>482</b> | <b>483</b> | <b>484</b> | <b>485</b> | <b>486</b> | <b>487</b> | <b>488</b> | <b>489</b> | <b>490</b> | <b>491</b> | <b>492</b> | <b>493</b> | <b>494</b> | <b>495</b> | <b>496</b> | <b>497</b> | <b>498</b> | <b>499</b> | <b>500</b> | <b>501</b> | <b>502</b> | <b>503</b> | <b>504</b> | <b>505</b> | <b>506</b> | <b>507</b> | 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<b>585</b> | <b>586</b> | <b>587</b> | <b>588</b> | <b>589</b> | <b>590</b> | <b>591</b> | <b>592</b> | <b>593</b> | <b>594</b> | <b>595</b> | <b>596</b> | <b>597</b> | <b>598</b> | <b>599</b> | <b>600</b> | <b>601</b> | <b>602</b> | <b>603</b> | <b>604</b> | <b>605</b> | <b>606</b> | <b>607</b> | <b>608</b> | <b>609</b> | <b>610</b> | <b>611</b> | <b>612</b> | <b>613</b> | <b>614</b> | <b>615</b> | <b>616</b> | <b>617</b> | <b>618</b> | <b>619</b> | <b>620</b> | <b>621</b> | <b>622</b> | <b>623</b> | <b>624</b> | <b>625</b> | <b>626</b> | <b>627</b> | <b>628</b> | <b>629</b> | <b>630</b> | <b>631</b> | <b>632</b> | <b>633</b> | <b>634</b> | <b>635</b> | <b>636</b> | <b>637</b> | <b>638</b> | <b>639</b> | <b>640</b> | <b>641</b> | <b>642</b> | <b>643</b> | <b>644</b> | <b>645</b> | <b>646</b> | <b>647</b> | <b>648</b> | <b>649</b> | <b>650</b> | <b>651</b> | <b>652</b> | <b>653</b> | <b>654</b> | <b>655</b> | <b>656</b> | <b>657</b> | <b>658</b> | <b>659</b> | <b>660</b> | <b>661</b> | 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<b>739</b> | <b>740</b> | <b>741</b> | <b>742</b> | <b>743</b> | <b>744</b> | <b>745</b> | <b>746</b> | <b>747</b> | <b>748</b> | <b>749</b> | <b>750</b> | <b>751</b> | <b>752</b> | <b>753</b> | <b>754</b> | <b>755</b> | <b>756</b> | <b>757</b> | <b>758</b> | <b>759</b> | <b>760</b> | <b>761</b> | <b>762</b> | <b>763</b> | <b>764</b> |

IR23-004552

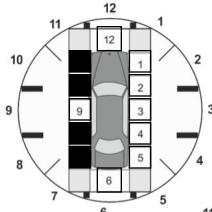
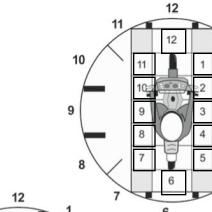
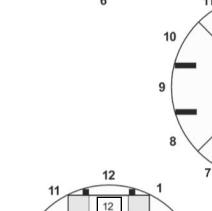
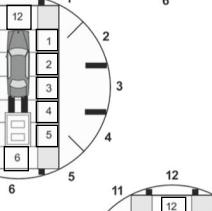
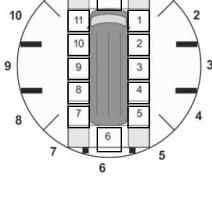
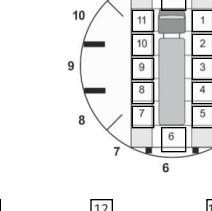
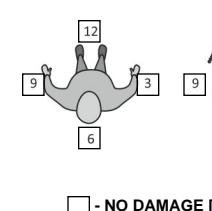
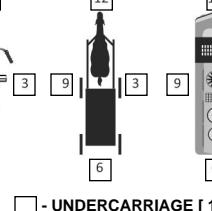
|   |   |  |   |  |
|---|---|--|---|--|
| OWNER   | UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) SANCHEZ, ZIONAIG JACKCEL   |  | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER   |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 1255 HOOVEN AVE, HAMILTON, OH 45015   |  |   |  |
| COMMERCIAL CARRIER  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |  |
|   |   |  |   |  |
| LP STATE OH   | LICENSE PLATE # JZH9484   | VEHICLE IDENTIFICATION # 2C3CDZAG3KH606705   | VEHICLE YEAR 2019   | VEHICLE MAKE Dodge   |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY GEICO   | INSURANCE POLICY # 6127609946  | COLOR Grey  | VEHICLE MODEL Charger  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #   | TOWED BY: COMPANY NAME  |  |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT # OCCUPANTS 2  |   | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - > 26K LBS.            | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #                        |  |
| UNIT TYPE<br><br><b>1</b>   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                     | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT OR ANIMAL-DRAWN VEHICLE<br>22 - ANIMAL WITH RIDER<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 |
|   | 0   | # OF TRAILING UNITS  |   |  |
| VEHICLE<br><br><b>2</b>   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   |
|   | 1 - YES<br>2 - NO<br>9 - OTHER/UNKNOWN  | AUTONOMOUS MODE LEVEL  |   |  |
| SPECIAL<br>FUNCTION<br><br><b>1</b>   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   |
|   |   |  |   |  |
| CARGO<br>BODY<br>TYPE<br><br><b>1</b>   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING  | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP   |
|   |   |  |   | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  |
| VEHICLE<br>DEFECTS<br><br><b>1</b>  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   |
|   |   |  |   | 99 - OTHER/UNKNOWN   |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br><br><b>1</b>   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS  |
|   |   |  |   | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN   |
| ACTION<br><br><b>3</b>  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING PRE-CRASHES & STRUCK ACTIONS  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>9 - OTHER/UNKNOWN                   | 8 - ENTERING TRAFFIC<br>9 - LEAVING TRAFFIC<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                           | 13 - NEGOTIATING A LANE<br>14 - ENTERING OR CROSSING<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE  |
|   |   |  |   | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-SPECIFIED LOCATION<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN  |
| CONTRIBUTING<br>CIRCUMSTANCES<br><br><b>99</b>  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN   | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                    | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING  |
|   |   |  |   | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |
| SEQUENCE OF EVENTS  |   |  |   |  |
| EVENTS  |   |  |   |  |
| 1 8   | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>21 21  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNTOWN RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE<br>23 - STRUCK BY<br>24 - OTHER MOBILE OBJECT   |
| 3 3   |   |  |   |  |
| 4 4   | 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 | 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 | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - SUPPORT<br>41 - OTHER POST, POLE<br>42 - CULVERT                | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN   |
| 5 5   |   |  |   |  |
| 6 6   |   |  |   |  |
| 1 1   | FIRST HARMFUL EVENT   | 2 MOST HARMFUL EVENT   |   |  |

**DAMAGE**

**DAMAGE SCALE**

**4** 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

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

**NO DAMAGE [0]** **UNDERCARRIAGE [14]**

**TOP [13]** **ALL AREAS [15]**

**UNIT NOT AT SCENE [16]**

**INITIAL POINT OF CONTACT**

**9** 0 - NO DAMAGE 1 - 12 - REFER TO UNIT 14 - UNDERCARRIAGE  
1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW** **TRAFFIC CONTROL**

**2** 1 - ONE-WAY 2 - TWO-WAY **6** 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** **RAIL GRADE CROSSING**

**4** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
2 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

**FROM 1 TO 2**

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

**UNIT SPEED** **DETECTED SPEED**

**35** **1** 1 - STATED/ESTIMATED SPEED  
2 - CALCULATED/EDR  
3 - UNDETERMINED

**POSTED SPEED**

**35**

UNIT # OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)  
 2 LANIER, BRIAN KEITH OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER)  
 105 TIMBER RIDGE DR, CARLISLE, OH 45005

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE  
 OH 449XXB 1J4BA3H13BL525506 2011 Jeep

INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL  
 VERIFIED STATE FARM INSURANCE 3253960SFP-35 Black Wrangler

TYPE OF USE US DOT # TOWED BY: COMPANY NAME SELF, TOW  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED # OCCUPANTS VEHICLE WEIGHT GVWR/GCWR  
 HIT/SKIP UNIT  
 1 - <= 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >= 26K LBS.

UNIT TYPE 3 1 - PASSENGER CAR 7 - MOTORCYCLE 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/ SKATER  
 2 - PASSENGER VAN 2-WHEELED 8 - MOTORCYCLE 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 (MINIVAN) 3-WHEELED 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 20 - OTHER VEHICLE 25 - OTHER NON-  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 16 - FARM EQUIPMENT 17 - MOTORHOME 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 4 - PICK UP 10 - MOPED OR 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN 27 - TRAIN  
 5 - CARGO VAN MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 18 - LIMO (LIVERY VEHICLE) 99 - UNKNOWN OR  
 VEHICLE (ATV/UTV) HIT/SKIP

0 # OF TRAILING UNITS

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/UNKNOWN  
 3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

1 1 - NO CARGO BODY 3 - VEHICLE TOWING 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 TYPE / NOT APPLICABLE ANOTHER MOTOR VEHICLE 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER/UNKNOWN

1 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK 9 - MOTOR TROUBLE 99 - OTHER/UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 5 - TIRES 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT 8 - TRAILER EQUIPMENT DEFECTIVE

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

5 1 - NON-CONTACT 1 - STRAIGHT AHEAD 8 - ENTERING TRAFFIC 13 - NEGOTIATING A 18 - APPROACHING OR  
 2 - NON-COLLISION 2 - BACKING 9 - LEAVING TRAFFIC 14 - ENTERING OR 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 10 - PARKED 15 - SPECIFIED LOCATION 20 - OTHER NON-  
 4 - STRUCK 10 - PASSING 11 - SLOWING OR STOPPED IN 16 - WALKING, RUNNING, 21 - STANDING OUTSIDE  
 & STRUCK ACTIONS 6 - MAKING LEFT TURN 12 - TRAFFIC 17 - JOGGING, PLAYING DISABLED VEHICLE  
 9 - OTHER/UNKNOWN 7 - MAKING U-TURN 13 - DRIVERLESS 18 - WORKING 99 - OTHER/UNKNOWN  
 10 - MAKING RIGHT TURN

1 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START 17 - VISION OBSTRUCTION 21 - LYING IN  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - POSITION 18 - OPERATING 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE 15 - STOPPED OR 19 - DEFECTIVE EQUIPMENT 23 - OPENING DOOR  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO PARKED ILLEGALLY 20 - LOAD SHIFTING/ 24 - INTO ROADWAY  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - AVOID 21 - FALLING/SPILLING ACTION  
 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - WRONG WAY 22 - OTHER IMPROPER

SEQUENCE OF EVENTS EVENTS

1 20 1 - OVERTURN/ ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE 16 - RAILWAY VEHICLE 22 - WORK ZONE  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DIRECTION OF TRAVEL 17 - ANIMAL - FARM MAINTENANCE  
 3 - IMMERSION 8 - RAN OFF ROAD 13 - OTHER NON- 18 - ANIMAL - DEER EQUIPMENT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 23 - STRUCK BY  
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE FALLING, SHIFTING  
 21 26 - BRIDGE OVERHEAD BARRIER 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB CARGO OR ANYTHING  
 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN 44 - DITCH SET IN MOTION BY A  
 28 - BRIDGE PARAPET 33 - MEDIAN CABLE POST 45 - EMBANKMENT MOTOR VEHICLE  
 29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE 51 - WALL  
 30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 47 - MAILBOX 52 - BUILDING  
 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE 48 - TREE 53 - TUNNEL  
 42 - CULVERT 49 - FIRE HYDRANT 54 - OTHER FIXED  
 1 1 - FIRST HARMFUL EVENT 1 1 - MOST HARMFUL EVENT 50 - WORK ZONE  
 51 - OTHER MOVABLE  
 52 - OTHER OBJECT  
 53 - OTHER UNKNOWN

LOCAL REPORT NUMBER\*

IR23-004552

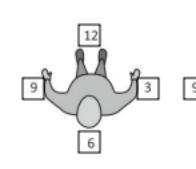
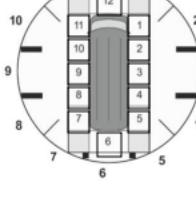
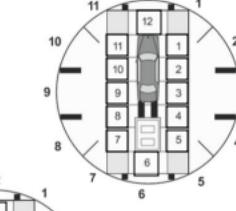
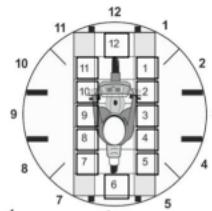
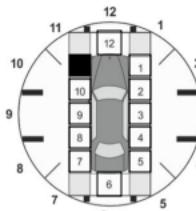
## DAMAGE

## DAMAGE SCALE

3

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

9 - UNKNOWN

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]  - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

11

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

## TRAFFIC

## TRAFFICWAY FLOW

1

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

1

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

1

TO

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

2

## UNIT SPEED

0

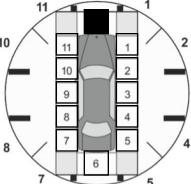
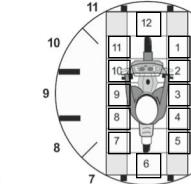
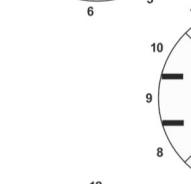
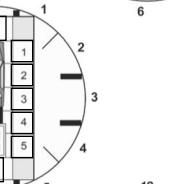
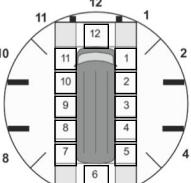
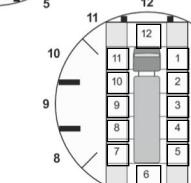
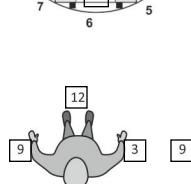
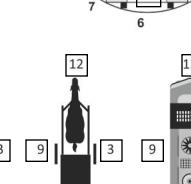
## DETECTED SPEED

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

## POSTED SPEED

IR23-004552

|   |  |   |  |  |   |  |   |  |  |  |
|---|--|---|--|--|---|--|---|--|--|--|
| UNIT #<br>3   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>GOOD BUDGET AUTO GROUP LLC   | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER  |  |  |   |  |   |  |  |  |
| OWNER<br>ADDRESS:<br>5381 DIXIE HWY, FAIRFIELD, OH 45014  |  |   |  |  |   |  |   |  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |  |  |   |  |   |  |  |  |
| LP STATE<br>OH  | LICENSE PLATE #<br>WVWBW7AH6CV013332   | VEHICLE IDENTIFICATION #<br>WVWBW7AH6CV013332   | VEHICLE YEAR<br>2012   | VEHICLE MAKE<br>VOLK   |   |  |   |  |  |  |
| INSURANCE<br>VERIFIED<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br>PEKIN   | INSURANCE POLICY #<br>006000062   | COLOR<br>Silver  | VEHICLE MODEL<br>EOS   |   |  |   |  |  |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | US DOT #  | TOWED BY: COMPANY NAME   |  |   |  |   |  |  |  |
| INTERLOCK<br>DEVICE<br>EQUIPPED<br><input type="checkbox"/>   | HIT/SKIP UNIT<br><input type="checkbox"/>  | # OCCUPANTS<br><input type="checkbox"/>   | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - > 26K LBS.  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD   |   |  |   |  |  |  |
| UNIT TYPE<br><input checked="" type="checkbox"/> 1<br>0   | <table border="0"> <tr> <td>1 - PASSENGER CAR<br/>2 - PASSENGER VAN (MINIVAN)<br/>3 - SPORT UTILITY VEHICLE<br/>4 - PICK UP<br/>5 - CARGO VAN</td> <td>7 - MOTORCYCLE<br/>8 - MOTORCYCLE<br/>9 - AUTOCYCLE<br/>10 - MOPED OR MOTORIZED BICYCLE<br/>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>12 - GOLF CART<br/>13 - SNOWMOBILE<br/>14 - SINGLE UNIT TRUCK<br/>15 - SEMI-TRACTOR<br/>16 - FARM EQUIPMENT<br/>17 - MOTORHOME</td> <td>18 - LIMO (LIVERY VEHICLE)<br/>19 - BUS (16+ PASSENGERS)<br/>20 - OTHER VEHICLE<br/>21 - HEAVY EQUIPMENT OR ANIMAL-DRAWN VEHICLE<br/>22 - ANIMAL WITH RIDER<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</td> </tr> </table>  |   |  |  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                         | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT OR ANIMAL-DRAWN VEHICLE<br>22 - ANIMAL WITH RIDER<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 |  |  |
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| # OF TRAILING UNITS<br><input type="checkbox"/> 0   |  |   |  |  |   |  |   |  |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><input type="checkbox"/> 2   |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>99 - UNKNOWN   |  |   |  |   |  |  |  |
| SPECIAL<br>FUNCTION<br><input checked="" type="checkbox"/> 1  | <table border="0"> <tr> <td>1 - NONE<br/>2 - TAXI<br/>3 - ELECTRONIC RIDE SHARING<br/>4 - SCHOOL TRANSPORT<br/>5 - BUS - TRANSIT /COMMUTER</td> <td>6 - BUS - CHARTER/TOUR<br/>7 - BUS - INTERCITY<br/>8 - BUS - SHUTTLE<br/>9 - BUS - OTHER</td> <td>11 - FIRE<br/>12 - MILITARY<br/>13 - POLICE<br/>14 - PUBLIC UTILITY<br/>15 - CONSTRUCTION EQUIPMENT</td> <td>16 - FARM<br/>17 - MOWING<br/>18 - SNOW REMOVAL<br/>19 - TOWING<br/>20 - SAFETY SERVICE PATROL</td> <td>21 - MAIL CARRIER<br/>99 - OTHER/UNKNOWN</td> </tr> </table>  |   |  |  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |  |
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| FIRST HARMFUL EVENT<br><input type="checkbox"/> 1   |  | MOST HARMFUL EVENT<br><input type="checkbox"/> 1  |  |  |   |  |   |  |  |  |

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



## MOTORIST / NON-MOTORIST

**LOCAL REPORT NUMBER**

IR23-004552

|  |  |   |  |   |   |   |   |  |   |   |  |   |  |                                       |           |             |
|--|--|---|--|---|---|---|---|--|---|---|--|---|--|---------------------------------------|-----------|-------------|
| MOTORIST / NON-MOTORIST  | UNIT # NAME: LAST, FIRST, MIDDLE<br>1 SANCHEZ, ZIONAIG JACKCEL                     |   |  |   |   |   |   |  |   |   | DATE OF BIRTH<br>01/06/2004  |   |  |                                       | AGE<br>19 | GENDER<br>M |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>1255 HOOVEN AVE, HAMILTON, OH 45015           |   |  |   |   |   |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE  |   |  |                                       |           |             |
| INJURIES<br><input checked="" type="checkbox"/> 5  | INJURED TAKEN BY<br><input type="checkbox"/>                                       | EMS AGENCY (NAME)   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   |   | SAFETY EQUIPMENT USED<br><input type="checkbox"/> 4  | DOT-Compliant MC HELMET<br><input type="checkbox"/>   |   | SEATING POSITION<br><input type="checkbox"/> 1   | AIR BAG USAGE<br><input type="checkbox"/> 1 | EJECTION<br><input type="checkbox"/> 1 | TRAPPED<br><input type="checkbox"/> 1 |           |             |
| OL STATE<br><input type="checkbox"/>   | OPERATOR LICENSE NUMBER  |   |  | OFFENSE CHARGED<br>331.34a  |   |   | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION<br>Failure to Control  |   |   | CITATION NUMBER<br>2300132407  |   |  |                                       |           |             |
| OL CLASS<br><input type="checkbox"/>   | ENDORSEMENT<br>SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> | RESTRICTION<br>SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/> 1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |   |   | CONDITION<br><input type="checkbox"/> 1   | ALCOHOL TEST<br>STATUS<br><input type="checkbox"/> 1<br>TYPE<br><input type="checkbox"/> 1<br>VALUE<br>. |   | DRUG TEST(S)<br>STATUS<br><input type="checkbox"/> 1<br>TYPE<br><input type="checkbox"/> 1<br>RESULT<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |   |  |                                       |           |             |
| UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |  |   |   |   |   |  |   |   | DATE OF BIRTH  |   |  | AGE                                   | GENDER    |             |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |  |   |   |   |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE  |   |  |                                       |           |             |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>                                       | EMS AGENCY (NAME)   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   |   | SAFETY EQUIPMENT USED<br><input type="checkbox"/>  | DOT-Compliant MC HELMET<br><input type="checkbox"/>   |   | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/>   | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |           |             |
| OL STATE<br><input type="checkbox"/>   | OPERATOR LICENSE NUMBER  |   |  | OFFENSE CHARGED   |   |   | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION  |   |   | CITATION NUMBER  |   |  |                                       |           |             |
| OL CLASS<br><input type="checkbox"/>   | ENDORSEMENT<br>SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> | RESTRICTION<br>SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/>   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |   |   | CONDITION<br><input type="checkbox"/>   | ALCOHOL TEST<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>VALUE<br>.     |   | DRUG TEST(S)<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>RESULT<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |   |  |                                       |           |             |
| UNIT #   | NAME: LAST, FIRST, MIDDLE  |   |  |   |   |   |   |  |   |   | DATE OF BIRTH  |   |  | AGE                                   | GENDER    |             |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |  |   |   |   |   |  |   |   | CONTACT PHONE - INCLUDE AREA CODE  |   |  |                                       |           |             |
| INJURIES<br><input type="checkbox"/>   | INJURED TAKEN BY<br><input type="checkbox"/>                                       | EMS AGENCY (NAME)   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   |   | SAFETY EQUIPMENT USED<br><input type="checkbox"/>  | DOT-Compliant MC HELMET<br><input type="checkbox"/>   |   | SEATING POSITION<br><input type="checkbox"/>   | AIR BAG USAGE<br><input type="checkbox"/>   | EJECTION<br><input type="checkbox"/>   | TRAPPED<br><input type="checkbox"/>   |           |             |
| OL STATE<br><input type="checkbox"/>   | OPERATOR LICENSE NUMBER  |   |  | OFFENSE CHARGED   |   |   | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION  |   |   | CITATION NUMBER  |   |  |                                       |           |             |
| OL CLASS<br><input type="checkbox"/>   | ENDORSEMENT<br>SELECT UP TO 2<br><input type="checkbox"/> <input type="checkbox"/> | RESTRICTION<br>SELECT UP TO 3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | DRIVER DISTRACTED BY<br><input type="checkbox"/>   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG  |   |   | CONDITION<br><input type="checkbox"/>   | ALCOHOL TEST<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>VALUE<br>.     |   | DRUG TEST(S)<br>STATUS<br><input type="checkbox"/><br>TYPE<br><input type="checkbox"/><br>RESULT<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |   |  |                                       |           |             |
| INJURIES   |  | SEATING POSITION  |  | AIR BAG   |   | OL CLASS  | OL RESTRICTION(S)   |  | DRIVER DISTRACTION  |   | TEST STATUS  |   |  |                                       |           |             |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN   |   | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |   | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |   |  |                                       |           |             |
| INJURED TAKEN BY   |  | EJECTION  |  | OL ENDORSEMENT  |   | TRAPPED   |   | GENDER   |   | ALCOHOL TEST TYPE   |  |   |  |                                       |           |             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                        |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |  |   |  |                                       |           |             |
| SAFETY EQUIPMENT   |  | TRAPPED   |  | GENDER  |   | CONDITION   |   | DRUG TEST TYPE   |   |   |  |   |  |                                       |           |             |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - 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   |  | 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 |   |   | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOID<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS   |  |   |   |  |   |  |                                       |           |             |
| INJURED TAKEN BY   |  | EJECTION  |  | OL ENDORSEMENT  |   | TRAPPED   |   | GENDER   |   | DRUG TEST RESULT(S)   |  |   |  |                                       |           |             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT   |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                        |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   | 1 - 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 |  |   |  |                                       |           |             |



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-004552

| OCCUPANT                               | UNIT #   | NAME: LAST, FIRST, MIDDLE<br>1 SANCHEZ, ELI  |                                    |   |                                   | DATE OF BIRTH<br>07/05/2017                             | AGE<br>6                | GENDER<br>M          |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|--|--|--|------------------------------------|---|-----------------------------------|---|-------------------------|----------------------|-----------------|----------------|--------|--------|-----------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|-------------------------|--|-------------------------|------------------------|--|------------------|---|-----------------|---------|-----------------|--------------------|-----------------|------------|---|-------------------|-----------------------|---------------------|--------------------------|-----------------------------------|---------------------|---------------|---|--|--------------------|------------|----------------------|---|----------------|----------|--|--------------------|-----------------|---------------------|--|---|------------------------------------|--|--|-------------------|
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>1255 HOOVEN AVE, HAMILTON, OH 45015   |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| OCCUPANT                               | INJURIES<br>5  | INJURED TAKEN BY<br>[ ]  | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>3   | SEATING POSITION<br>1   | AIR BAG USAGE<br>1   | EJECTION<br>1   | TRAPPED<br>1   |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH   |                         |                      |                 | AGE            | GENDER |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| OCCUPANT                               | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | INJURIES<br>[ ]  | INJURED TAKEN BY<br>[ ]  | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>[ ]      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>[ ] | SEATING POSITION<br>[ ] | AIR BAG USAGE<br>[ ] | EJECTION<br>[ ] | TRAPPED<br>[ ] |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| OCCUPANT                               | UNIT #   | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH   |                         |                      |                 | AGE            | GENDER |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| OCCUPANT                               | INJURIES<br>[ ]  | INJURED TAKEN BY<br>[ ]  | EMS AGENCY (NAME)                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>[ ]      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>[ ] | SEATING POSITION<br>[ ] | AIR BAG USAGE<br>[ ] | EJECTION<br>[ ] | TRAPPED<br>[ ] |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | UNIT #   | NAME: LAST, FIRST, MIDDLE  |                                    |   |                                   | DATE OF BIRTH   |                         |                      |                 | AGE            | GENDER |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| OCCUPANT                               | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |  |                                    |   |                                   |   |                         |                      |                 |                |        | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | <b>INJURED TAKEN BY</b> | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | <b>EJECTION</b> | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | <b>GENDER</b> | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | <b>TRAPPED</b> | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST |
| INJURY                                 | SAFETY EQUIPMENT USED  | SEATING POSITION   | AIR BAG USAGE                      |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 2 - SUSPECTED SERIOUS INJURY           | 2 - SHOULDER BELT ONLY USED  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 3 - SUSPECTED MINOR INJURY             | 3 - LAP BELT ONLY USED   | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 4 - POSSIBLE INJURY                    | 4 - SHOULDER & LAP BELT USED   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 5 - NO APPARENT INJURY                 | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| <b>INJURED TAKEN BY</b>                | 6 - CHILD RESTRAINT SYSTEM - REAR FACING   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 2 - EMS                                | 8 - HELMET USED  | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  | 9 - THIRD - RIGHT  | 2 - PARTIALLY EJECTED              |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING   | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| F - FEMALE                             | 99 - OTHER / UNKNOWN   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| M - MALE                               |  | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| U - OTHER / UNKNOWN                    |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  |  | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |   |                                   |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE  |  |                                    |   | DATE OF BIRTH                     |   |                         |                      | AGE             | GENDER         |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE  |  |                                    |   | DATE OF BIRTH                     |   |                         |                      | AGE             | GENDER         |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |
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|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |                                    |   | CONTACT PHONE - INCLUDE AREA CODE |   |                         |                      |                 |                |        |        |                       |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                         |  |                         |                        |  |                  |   |                 |         |                 |                    |                 |            |   |                   |                       |                     |                          |                                   |                     |               |   |  |                    |            |                      |   |                |          |  |                    |                 |                     |  |   |                                    |  |  |                   |