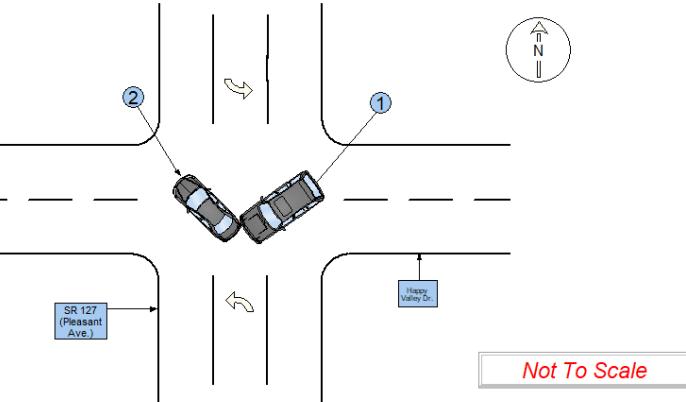


|   |                               |  |   |  |  |  |  |   |  |  |
|---|-------------------------------|--|---|--|--|--|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY   |                               |  |   | LOCAL INFORMATION  |  |  |  | LOCAL REPORT NUMBER*  |  |  |
|   |                               |  |   | REPORTING AGENCY NAME* NCIC* Fairfield Police Department 00901   |  |  |  | HIT/SKIP  | NUMBER OF UNITS  | UNIT IN ERROR  |
|   |                               |  |   |  |  |  |  | 1 - SOLVED<br>2 - UNSOLVED  | 2  | 1<br>98 - ANIMAL<br>99 - UNKNOWN   |
| COUNTY*<br>09   |                               | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                       |   | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |  |  |  | CRASH DATE/TIME*<br>12/19/2023 07:07  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| REFERENCE LOCATION  | ROUTE TYPE                    | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME   |  |  | ROAD TYPE  | LATITUDE<br>39.314940   |  | 4  |
|   | ROUTE TYPE                    | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Happy Valley  |  |  | ROAD TYPE  | LONGITUDE<br>-84.561779   |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |                               | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  |   |  |  |
| DISTANCE FROM REFERENCE   |                               | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |   |  |  | NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |   |  |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   |                               |  |   | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>2 - BETWEEN<br>3 - TWO MOTOR VEHICLES IN<br>4 - CROSSING<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME<br>8 - SIDESWIPE, OPPOSITE<br>9 - HEAD-ON<br>10 - RAILWAY GRADE<br>11 - SHARED USE PATHS OR<br>12 - TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |  |  |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | MEDIAN TYPE<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 |  |
| WORK ZONE RELATED<br><input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |                               |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING SIGN<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | CONTOUR<br>2   | CONDITIONS<br>1   | SURFACE<br>2   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN  |                               |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |  |  |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN  |  |
| NARRATIVE<br>On 12/19/23 at about 7:07 A.M. Unit 1 was traveling westbound on Happy Valley Dr. and after having made the required stop at US 127 (Pleasant Ave.) proceeded into the intersection to turn left and in doing so failed to yield the right of way to and collided with Unit 2 which was traveling northbound on SR 127 (Pleasant Ave.) |                               |  |   | DIAGRAM  |  |  |  |   |  |  |
| CRASH REPORTED DATE/TIME<br>12/19/2023 07:07  |                               | DISPATCH DATE/TIME<br>12/19/2023 07:10                                     |   | ARRIVAL DATE/TIME<br>12/19/2023 07:20  |  | SCENE CLEARED DATE/TIME<br>12/19/2023 08:15  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                       |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  | OTHER INVESTIGATION TIME<br>0 | TOTAL MINUTES<br>65  | OFFICER'S NAME*<br>Lamb, Gregg  |  | CHECKED BY OFFICER'S NAME*<br>Cresap, Lori   |  |  |   | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)   |  |
|   |                               |  | OFFICER'S BADGE NUMBER*<br>65   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>87   |  |  |   |  |  |

IR23-004461

|             |   |  |
|-------------|---|--|
| UNIT #<br>1 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>JUENGLING, ANDREW S | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
|-------------|---|--|

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
5874 MORNINGSIDE DR, FAIRFIELD, OH 45014

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|                |                            |   |                      |                           |
|----------------|----------------------------|---|----------------------|---------------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>FMP5448 | VEHICLE IDENTIFICATION #<br>3GNKBKRS5PS195820 | VEHICLE YEAR<br>2023 | VEHICLE MAKE<br>Chevrolet |
|----------------|----------------------------|---|----------------------|---------------------------|

|                       |   |                                 |              |                         |
|-----------------------|---|---------------------------------|--------------|-------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>ALLSTATE INSURANCE | INSURANCE POLICY #<br>826483816 | COLOR<br>Red | VEHICLE MODEL<br>Blazer |
|-----------------------|---|---------------------------------|--------------|-------------------------|

|   |  |                  |  |  |
|---|--|------------------|--|--|
| 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 EQUIPPED  |  | # OCCUPANTS<br>1 | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  |
|   |  |                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |  |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| UNIT TYPE<br>3 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP |
| 0              | # OF TRAILING UNITS   |  |   |   |   |

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

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|--|---|--|---|---|

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

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

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

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

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 2 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION |
|---|---|--|--|---|--|

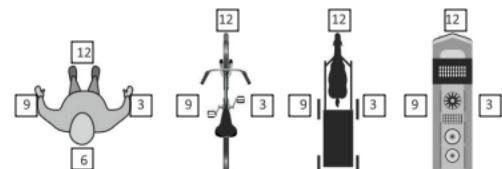
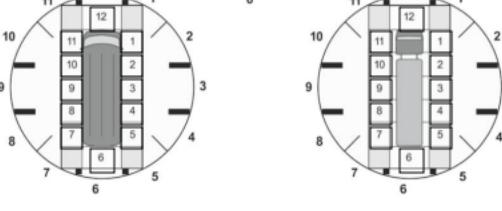
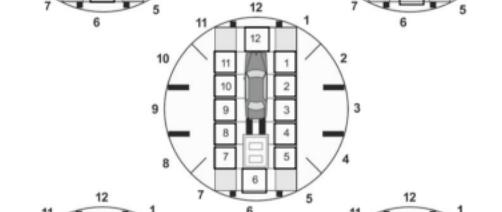
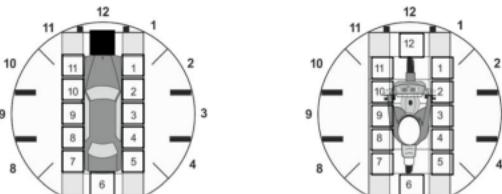
## SEQUENCE OF EVENTS

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

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION                          | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE    | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT |
| 5 | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT | 34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER | 40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT              | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT           | 99 - OTHER/UNKNOWN  |
| 6 | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE       | 36 - MEDIAN OTHER<br>BARRIER  | 42 - CULVERT  |  |   |

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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

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

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

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

|                               |      |  |
|-------------------------------|------|--|
| UNIT / NON-MOTORIST DIRECTION |      |  |
| FROM 3                        | TO 4 | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |

|  |                               |
|--|-------------------------------|
| UNIT SPEED<br>21                       | DETECTED SPEED<br>1           |
| 2 - CALCULATED/EDR<br>3 - UNDETERMINED | 1 - STATED/ESTIMATED<br>SPEED |
| 35                                     | POSTED SPEED                  |

IR23-004461

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

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
3279 STRUBLE RD, COLERAIN TWP, OH 45251

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

|                |                            |   |                      |                        |
|----------------|----------------------------|---|----------------------|------------------------|
| LP STATE<br>OH | LICENSE PLATE #<br>HUK6760 | VEHICLE IDENTIFICATION #<br>2T1BURHE5HC912934 | VEHICLE YEAR<br>2017 | VEHICLE MAKE<br>Toyota |
|----------------|----------------------------|---|----------------------|------------------------|

|                       |  |                                   |                |                          |
|-----------------------|--|-----------------------------------|----------------|--------------------------|
| INSURANCE<br>VERIFIED | INSURANCE COMPANY<br>NATIONWIDE INSURANCE CO | INSURANCE POLICY #<br>9234J017996 | COLOR<br>Black | VEHICLE MODEL<br>Corolla |
|-----------------------|--|-----------------------------------|----------------|--------------------------|

|   |  |                  |  |  |
|---|--|------------------|--|--|
| 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 EQUIPPED  |  | # OCCUPANTS<br>3 | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |  |
|   |  |                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # <input type="checkbox"/> PLACARD ID # |  |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
| UNIT TYPE<br>1 | 1 - PASSENGER CAR<br>2 - PASSENGER VAN<br>(MINIVAN)<br>3 - SPORT UTILITY<br>VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR<br>MOTORIZED BICYCLE<br>11 - ALL TERRAIN<br>VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY<br>VEHICLE)<br>19 - BUS (16+<br>PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER<br>OR ANIMAL-DRAWN<br>VEHICLE | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP |
| 0              | # OF TRAILING UNITS   |  |   |   |   |

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

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE<br>SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT<br>/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION<br>EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE<br>PATROL | 21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN |
|---|--|---|--|---|---|

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

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

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

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

|   |                               |   |   |  |   |  |
|---|-------------------------------|---|---|--|---|--|
| 1 | CONTRIBUTING<br>CIRCUMSTANCES | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN | 7 - LEFT OF CENTER<br>CLOSE/ACDA<br>8 - FOLLOWING TOO<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING | 13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>ACTION | 21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>99 - OTHER IMPROPER<br>ACTION |
|---|-------------------------------|---|---|--|---|--|

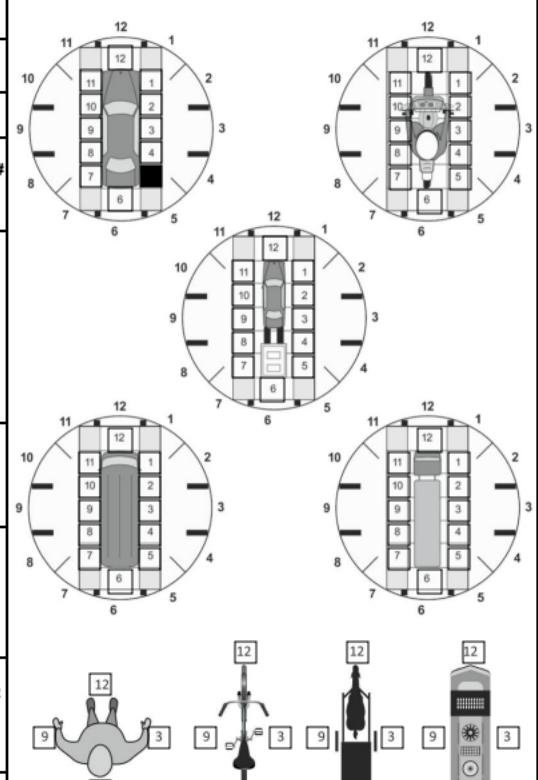
#### SEQUENCE OF EVENTS

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

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| 4 | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION                          | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE | 50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT |
| 5 | 26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT | 34 - MEDIAN GUARDRAIL<br>BARRIER                                 | 40 - SUPPORT<br>41 - OTHER POST, POLE<br>OR SUPPORT                   | 47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT           | 99 - OTHER/UNKNOWN  |
| 6 | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE       | 35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER  | 42 - CULVERT  |  |   |
| 1 | FIRST HARMFUL EVENT  | 1  | MOST HARMFUL EVENT  |  |   |

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



|   |  |   |
|---|--|---|
| 5 | 0 - NO DAMAGE [ 0 ]<br>1-12 - REFER TO UNIT<br>DIAGRAM<br>13 - TOP | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |
|---|--|---|

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

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

|   |             |  |
|---|-------------|--|
| 2 | FROM 2 TO 4 | UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH<br>5 - NORTHEAST<br>2 - SOUTH<br>6 - NORTHWEST<br>3 - EAST<br>7 - SOUTHEAST<br>4 - WEST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |
|---|-------------|--|

|    |                    |   |
|----|--------------------|---|
| 10 | UNIT SPEED<br>10   | DETECTED SPEED<br>1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED |
| 35 | POSTED SPEED<br>35 |   |



## MOTORIST / NON-MOTORIST

**LOCAL REPORT NUMBER**

IR23-004461



## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

IR23-004461

| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|---|---|---|--|--|---|--|--|---|--|-------------------------------------|------------------------------------|------------------|---------------|-----------|----------------------------------|---|------------------|------------------------------|-----------------------------|--------------------|--------------------|----------------------------|------------------------|------------------------|-------------------|---------------------|------------------------------|---|--------------------------------|------------------------|---|---------------------|--------------------|------------------|--|--|-------------------------|--|--|------------------|---|---------|--|-----------------|--------------------|------------|--|---|-------------------|---------------------|--|--------------------------|-----------------------------------|--------|--|---|--|------------|--|----------------------|---|----------|--|--|--------------------|---------------------|--|--|---|--|--|--|-------------------|--|--|--|----------------------|
|   | 2   | ALMENDARES, ROYCE                             |  |  |   | 02/09/2021                                       |  | 2   | M  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3279 STRUBLE RD, COLERAIN TWP, OH 45251  |   |   |  |  | CONTACT PHONE - INCLUDE AREA CODE               |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES <input type="checkbox"/> 4<br>INJURED TAKEN BY <input type="checkbox"/> 1<br>EMS AGENCY (NAME) FAIRFIELD CITY EMS  |   |   |  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED <input type="checkbox"/> 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION <input type="checkbox"/> 5 | AIR BAG USAGE <input type="checkbox"/> 5 | EJECTION <input type="checkbox"/> 1 | TRAPPED <input type="checkbox"/> 1 |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | 2   | ALMENDARES, SKYLER                            |  |  |   | 10/25/2014                                       |  | 9   | M  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3279 STRUBLE RD, COLERAIN TWP, OH 45251  |   |   |  |  | CONTACT PHONE - INCLUDE AREA CODE               |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES <input type="checkbox"/> 5<br>INJURED TAKEN BY <input type="checkbox"/> <input type="checkbox"/> 1<br>EMS AGENCY (NAME)  |   |   |  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED <input type="checkbox"/> 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION <input type="checkbox"/> 4 | AIR BAG USAGE <input type="checkbox"/> 5 | EJECTION <input type="checkbox"/> 1 | TRAPPED <input type="checkbox"/> 1 |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |  |   | CONTACT PHONE - INCLUDE AREA CODE                |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES <input type="checkbox"/> <input type="checkbox"/> 1<br>INJURED TAKEN BY <input type="checkbox"/> <input type="checkbox"/> 1<br>EMS AGENCY (NAME)   |   |   |  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED <input type="checkbox"/>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION <input type="checkbox"/>   | AIR BAG USAGE <input type="checkbox"/>   | EJECTION <input type="checkbox"/>   | TRAPPED <input type="checkbox"/>   |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| OCCUPANT  | UNIT #                                      | NAME: LAST, FIRST, MIDDLE                     |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |  |   | CONTACT PHONE - INCLUDE AREA CODE                |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURIES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1<br>INJURED TAKEN BY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1<br>EMS AGENCY (NAME)   |   |   |  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED <input type="checkbox"/>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION <input type="checkbox"/>   | AIR BAG USAGE <input type="checkbox"/>   | EJECTION <input type="checkbox"/>   | TRAPPED <input type="checkbox"/>   |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| <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 colspan="2">INJURED TAKEN BY</td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> </tr> <tr> <td colspan="2">1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> </tr> <tr> <td colspan="2">2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> </tr> <tr> <td colspan="2">3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> </tr> <tr> <td colspan="2">9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> </tr> <tr> <td colspan="2">GENDER</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> </tr> <tr> <td colspan="2">F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> </tr> <tr> <td colspan="2">M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> </tr> <tr> <td colspan="2">U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>15 - NON-MOTORIST</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>99 - OTHER / UNKNOWN</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 | INJURED TAKEN BY |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 1 - NOT TRANSPORTED / TREATED AT SCENE |  | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - EMS |  | 8 - HELMET USED | 8 - THIRD - MIDDLE | 3 - POLICE |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 9 - OTHER / UNKNOWN |  | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | GENDER |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | F - FEMALE |  | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | M - MALE |  |  | 13 - TRAILING UNIT | U - OTHER / UNKNOWN |  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |  |  | 15 - NON-MOTORIST |  |  |  | 99 - OTHER / UNKNOWN |
| 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   |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| INJURED TAKEN BY  |   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  |   | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 2 - EMS   |   | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 3 - POLICE  |   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| 9 - OTHER / UNKNOWN   |   | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| GENDER  |   | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| F - FEMALE  |   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| M - MALE  |   |   | 13 - TRAILING UNIT   |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| U - OTHER / UNKNOWN   |   |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 15 - NON-MOTORIST  |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   |   |   | 99 - OTHER / UNKNOWN   |  |   |  |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |  |   | CONTACT PHONE - INCLUDE AREA CODE                |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |  |   | CONTACT PHONE - INCLUDE AREA CODE                |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
| WITNESS   | NAME: LAST, FIRST, MIDDLE                   |   |  |  |   | DATE OF BIRTH                                    |  | AGE   | GENDER                                   |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP           |   |  |  |   | CONTACT PHONE - INCLUDE AREA CODE                |  |   |  |                                     |                                    |                  |               |           |                                  |   |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |   |                                |                        |   |                     |                    |                  |  |  |                         |  |  |                  |   |         |  |                 |                    |            |  |   |                   |                     |  |                          |                                   |        |  |   |  |            |  |                      |   |          |  |  |                    |                     |  |  |   |  |  |  |                   |  |  |  |                      |