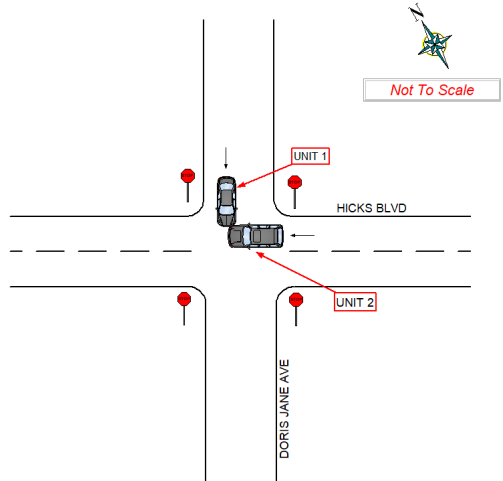


## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                  |                                                                            | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                              | LOCAL INFORMATION                                           |                                                                                                                                                                                                                                                                                                                | IR23-004341                                    |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                   |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                              | NCIC*<br>00901                                              |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED         | NUMBER OF UNITS<br>2                                                                                                                                                                     | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br>99                                                                                                |                                                                                                                                   |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                      | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>12/13/2023 07:35           |                                                                                                                                                                                          | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5 |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                     | LOCATION ROAD NAME<br>HICKS                                 |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>BL                                | LATITUDE<br>39.342554                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                     | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>DORIS JANE |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>AV                                | LONGITUDE<br>-84.545899                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                                   |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                           | 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4                     |                                                                                                                                                   |                                                                                                                                   |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                            | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                |                                                | 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<br>1<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |                                                                            | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN<br>6 |                                                             | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                          |                                                | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                                   |                                                                                                                                   |
| <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 WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                    |                                                | CONTOUR<br>1                                                                                                                                                                             | CONDITIONS<br>1                                                                                                                                   | SURFACE<br>2                                                                                                                      |
| LIGHT CONDITION<br>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<br>1                                                                                                                                                                                  |                                                                            | 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<br>1                                     |                                                             | 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 12-13-23, at 7:35 a.m. Unit 1 was turning left from Doris Jane Ave to Hicks Blvd. Unit 2 was traveling southwest on Hicks Blvd. The driver of Unit 1 stated that he stopped at the stop sign and that Unit 2 failed to stop and yield. The driver of Unit 2 stated she stopped at the stop sign and that Unit 1 failed to stop and yield.          |                                                                            |                                                                                                                                                                                                                                                                              |                                                             | DIAGRAM<br>                                                                                                                                                                                                                |                                                |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>12/13/2023 07:36                                                                                                                                                                                                                                                                                                                       |                                                                            | DISPATCH DATE/TIME<br>12/13/2023 07:43                                                                                                                                                                                                                                       |                                                             | ARRIVAL DATE/TIME<br>12/13/2023 07:53                                                                                                                                                                                                                                                                          |                                                | SCENE CLEARED DATE/TIME<br>12/13/2023 08:17                                                                                                                                              |                                                                                                                                                   | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                    |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                     | OTHER INVESTIGATION TIME<br>0                                              | TOTAL MINUTES<br>34                                                                                                                                                                                                                                                          | OFFICER'S NAME*<br>Setterstrom, Daniel                      |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S NAME*<br>Sprague, Jeffrey |                                                                                                                                                                                          |                                                                                                                                                   | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                                                                                                                                                              | OFFICER'S BADGE NUMBER*<br>121                              |                                                                                                                                                                                                                                                                                                                | CHECKED BY OFFICER'S BADGE NUMBER*<br>84       |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                   |

IR23-004341

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>DUNCAN, TOCCARA N                                                     | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                             |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1490 DIXIE HWY, HAMILTON, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                        |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE #<br>JKU7407                                                                                                                           | VEHICLE IDENTIFICATION #<br>1N4AL2APOCC141176                                                                                                                                                                                                                                                                                                                                                                                      |
| VEHICLE YEAR<br>2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE MAKE<br>Nissan                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br>PROGRESSIVE INSURANCE                                                                                                           | INSURANCE POLICY #<br>974294517                                                                                                                                                                                                                                                                                                                                                                                                    |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                             |
| INTERLOCK DEVICE EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HIT/SKIP UNIT                                                                                                                                        | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      | HAZARDOUS MATERIAL CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                            |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<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<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                    |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## SEQUENCE OF EVENTS

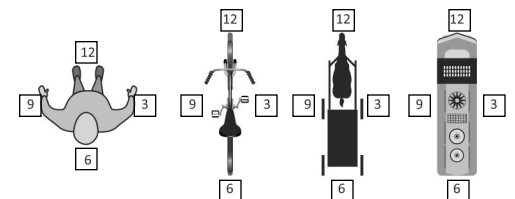
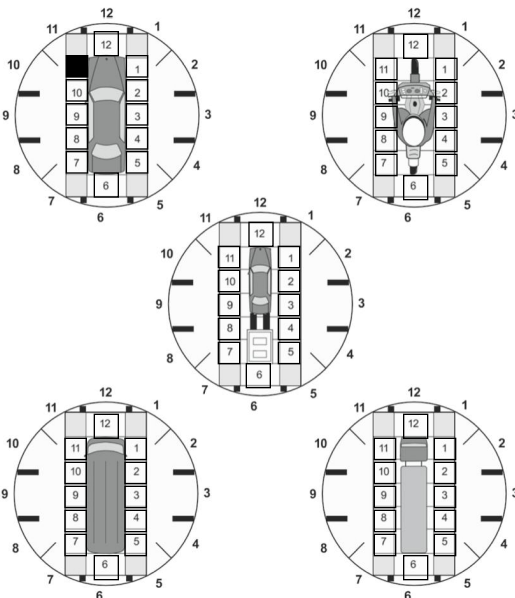
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|--------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                    | 20 | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT                                                       | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                               | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL 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 IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
| COLLISION WITH FIXED OBJECT - STRUCK |    |                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |
| 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 POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<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 MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN                                                                    |
| 1                                    |    | FIRST HARMFUL EVENT                                                                                                                                                       |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |
| 1                                    |    | MOST HARMFUL EVENT                                                                                                                                                        |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |

## DAMAGE

## DAMAGE SCALE

|                  |                       |
|------------------|-----------------------|
| 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

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

## TRAFFIC

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

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

10

## POSTED SPEED

25

## DETECTED SPEED

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

IR23-004341

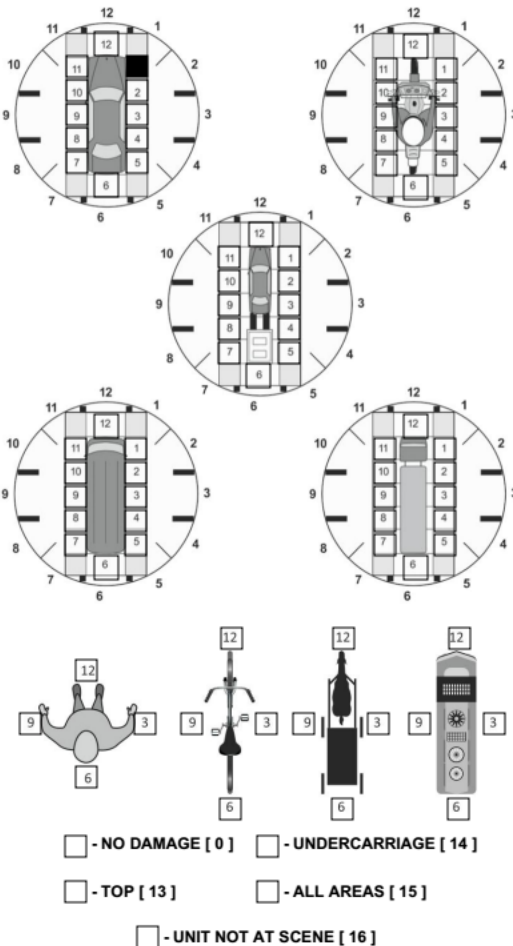
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>COLON, CARMEN A | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                       |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>3514 CROOKED TREE CIR, FAIRFIELD TWP, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                              |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                  |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE #<br>JCC7813                                                                     | VEHICLE IDENTIFICATION #<br>3CZRE3H57BG700360                                                                                                                                                                                                                                                |
| VEHICLE YEAR<br>2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | VEHICLE MAKE<br>Honda                                                                                                                                                                                                                                                                        |
| INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSURANCE COMPANY<br>DIRECT AUTO                                                               | INSURANCE POLICY #<br>CPV1508700                                                                                                                                                                                                                                                             |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | US DOT #                                                                                                                                                                                                                                                                                     |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                       |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                      |
| UNIT TYPE<br>3<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                                                                                                                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | 1 - LIMO (LIVERY VEHICLE)<br>2 - BUS (16+ PASSENGERS)<br>3 - OTHER VEHICLE<br>4 - HEAVY EQUIPMENT<br>5 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>6 - PEDESTRIAN/ SKATER<br>7 - WHEELCHAIR (ANY TYPE)<br>8 - OTHER NON-MOTORIST<br>9 - BICYCLE<br>10 - TRAIN<br>11 - UNKNOWN OR HIT/SKIP |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | AUTONOMOUS MODE LEVEL<br>0<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                |
| SPECIAL FUNCTION<br>1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                                                                                                                                                                                                              |
| CARGO BODY TYPE<br>1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                                                                                                                                                                                                                              |
| VEHICLE DEFECTS<br>1<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                              |
| NON-MOTORIST LOCATION AT IMPACT<br>1<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                                                                                                                                                                                                                              |
| ACTION<br>3<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - STRAIGHT AHEAD<br>11 - CHANGING LANES<br>12 - OVERTAKING/ PASSING<br>13 - ENTERING TRAFFIC<br>14 - BACKING<br>15 - LEAVING TRAFFIC LANE<br>16 - PARKED<br>17 - SLOWING OR STOPPED IN TRAFFIC<br>18 - DRIVERLESS<br>19 - NEGOTIATING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN                                                            |                                                                                                |                                                                                                                                                                                                                                                                                              |
| CONTRIBUTING CIRCUMSTANCES<br>99<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                              |
| SEQUENCE OF EVENTS<br>1<br>20<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                            |                                                                                                |                                                                                                                                                                                                                                                                                              |
| COLLISION WITH FIXED OBJECT - STRUCK<br>4<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                |                                                                                                                                                                                                                                                                                              |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                              |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2  
1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

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

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

10

## DETECTED SPEED

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

## POSTED SPEED

25



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                               | NAME: LAST, FIRST, MIDDLE                                                                                                                     |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF BIRTH                                                                                                                                                |                          |                         |                  | AGE                  | GENDER   |         |                                                                                                     |                  |         |          |                   |                    |             |                                                                                                                          |                                                                        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                                               | CONERLY, CHRISTOPHER ALFONZA JR                                                                                                               |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1490 DIXIE HWY, HAMILTON, OH 45011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                               | INJURED TAKEN BY                                                                                                                              | EMS AGENCY (NAME)                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              | SAFETY EQUIPMENT USED    | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE        | EJECTION | TRAPPED |                                                                                                     |                  |         |          |                   |                    |             |                                                                                                                          |                                                                        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| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                          |                         |                  |                      |          |         |                                                                                                     |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                  |          |  |                |  |                   |  |                                                                                        |                                                                                       |  |                                                                                                                                                                              |  |                                                               |  |                  |         |  |        |  |                |  |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |  |                                               |  |                                                 |  |  |  |  |  |  |           |                     |  |  |  |  |  |                                                                                                                                                                                                                                                     |                                                                                                                                                              |
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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 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                          |                         |                  |                      |          |         |                                                                                                     |                  |         |          |                   |                    |             |                                                                                                                          |                                                            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# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

IR23-004341

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b><br>COLON, CARMEN A                                    |                                    |                                                        | <b>DATE OF BIRTH</b><br>07/15/1948       |                                                  | <b>AGE</b><br>75             | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b><br>MARCANO, FELIX                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>06/07/2007       |                                                  | <b>AGE</b><br>16             | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                         | <b>NAME: LAST, FIRST, MIDDLE</b><br>ROJAS-COLON, CATALINA                              |                                    |                                                        | <b>DATE OF BIRTH</b><br>09/11/2017       |                                                  | <b>AGE</b><br>6              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                              | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b>                                                                            | <b>INJURED TAKEN BY</b>                                                                | <b>EMS AGENCY (NAME)</b>           | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <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> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></td> </tr> </tbody> </table> |                                                                                            |                                                                                        |                                    |                                                        |                                          |                                                  |                              |                           |                      | INJURY              | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | <b>INJURED TAKEN BY</b> | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | <b>EJECTION</b> | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | <b>GENDER</b> | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | <b>TRAPPED</b> | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 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                 |                                                        |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <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 |                                                        |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                           |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                           |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                           |                                                                                        |                                    |                                                        | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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