



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                  |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
|--------------------------------------------------|--------------------------|------------------------------------------|------------------------------------------|-------------------------------------------------------------|-----------|-------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN |                          | <input checked="" type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION                                           |           | 2, 2, 0, 1, 5, 9, 9, 7              |                                                                                                                  |
| <input type="checkbox"/> SECONDARY CRASH         |                          | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME*                                      |           | NCIC*                               |                                                                                                                  |
| <input type="checkbox"/> PRIVATE PROPERTY        |                          |                                          |                                          | Fairfield Police Department                                 |           | 0, 0, 9, 0, 1                       |                                                                                                                  |
| COUNTY*                                          | LOCALITY*                | LOCATION: CITY, VILLAGE, TOWNSHIP*       |                                          | CRASH DATE / TIME*                                          |           | CRASH SEVERITY                      |                                                                                                                  |
| 0, 9                                             | 1                        | City of Fairfield                        |                                          | 03, 05, 20, 22, 21, 25                                      |           | 2                                   |                                                                                                                  |
| ROUTE TYPE                                       | ROUTE NUMBER             | PREFIX                                   | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | LOCATION ROAD NAME                                          | ROAD TYPE | LATITUDE DECIMAL DEGREES            | CRASH SEVERITY                                                                                                   |
|                                                  |                          |                                          |                                          | SOUTH GILMORE                                               | R, D      | 39, 3, 14, 6, 5, 5                  | 1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY |
| ROUTE TYPE                                       | ROUTE NUMBER             | PREFIX                                   | 1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)               | ROAD TYPE | LONGITUDE DECIMAL DEGREES           |                                                                                                                  |
|                                                  |                          |                                          |                                          | RESOR                                                       | R, D      | 84, 5, 22, 6, 2, 8                  |                                                                                                                  |
| REFERENCE POINT                                  | DIRECTION FROM REFERENCE | ROUTE TYPE                               | ROAD TYPE                                | INTERSECTION RELATED                                        |           |                                     |                                                                                                                  |
| 1-INTERSECTION                                   | 1-NORTH                  | IR-INTERSTATE ROUTE(TP)                  | AL-ALLEY                                 | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |           |                                     |                                                                                                                  |
| 2-MILE POST                                      | 2-SOUTH                  | US-FEDERAL US ROUTE                      | AV-AVENUE                                | <input type="checkbox"/> WITHIN INTERCHANGE AREA            |           |                                     |                                                                                                                  |
| 3-HOUSE #                                        | 3-EAST                   | SR-STATE ROUTE                           | BL-BOULEVARD                             | NUMBER OF APPROACHES                                        |           |                                     |                                                                                                                  |
|                                                  | 4-WEST                   | CR-NUMBERED COUNTY ROUTE                 | MP-MILEPOST                              |                                                             |           |                                     |                                                                                                                  |
| DISTANCE FROM REFERENCE                          | DISTANCE UNIT OF MEASURE | TR-NUMBERED TOWNSHIP ROUTE               | ST-STREET                                | ROADWAY                                                     |           |                                     |                                                                                                                  |
| 4, 3, 3                                          | 3                        |                                          | CR-CIRCLE                                | <input type="checkbox"/> ROADWAY DIVIDED                    |           |                                     |                                                                                                                  |
|                                                  | 1-MILES                  |                                          | OV-OVAL                                  |                                                             |           |                                     |                                                                                                                  |
|                                                  | 2-Feet                   |                                          | TE-TERRACE                               |                                                             |           |                                     |                                                                                                                  |
|                                                  | 3-YARDS                  |                                          | TL-TRAIL                                 |                                                             |           |                                     |                                                                                                                  |
|                                                  |                          |                                          | DR-DRIVE                                 |                                                             |           |                                     |                                                                                                                  |
|                                                  |                          |                                          | PI-PIKE                                  |                                                             |           |                                     |                                                                                                                  |
|                                                  |                          |                                          | PL-PLACE                                 |                                                             |           |                                     |                                                                                                                  |
| LOCATION OF FIRST HARMFUL EVENT                  |                          | MANNER OF CRASH COLLISION/IMPACT         |                                          | DIRECTION OF TRAVEL                                         |           | MEDIAN TYPE                         |                                                                                                                  |
| 1-ON ROADWAY                                     |                          | 1-NOT COLLISION                          |                                          | 1-NORTH                                                     |           | 1-DIVIDED FLUSH MEDIAN (<4 FEET)    |                                                                                                                  |
| 2-ON SHOULDER                                    |                          | 4-REAR-TO-REAR                           |                                          | 2-SOUTH                                                     |           | 2-DIVIDED FLUSH MEDIAN (>4 FEET)    |                                                                                                                  |
| 3-IN MEDIAN                                      |                          | 5-BACKING                                |                                          | 3-EAST                                                      |           | 3-DIVIDED, DEPRESSED MEDIAN         |                                                                                                                  |
| 4-ON ROADSIDE                                    |                          | 6-ANGLE                                  |                                          | 4-WEST                                                      |           | 4-DIVIDED, RAISED MEDIAN (ANY TYPE) |                                                                                                                  |
| 5-ON GORE                                        |                          | 7-SIDESWIPE, SAME DIRECTION              |                                          |                                                             |           | 9-OTHER/UNKNOWN                     |                                                                                                                  |
| 6-OUTSIDE TRAFFIC WAY                            |                          | 8-SIDESWIPE, OPPOSITE DIRECTION          |                                          |                                                             |           |                                     |                                                                                                                  |
| 7-ON RAMP                                        |                          | 9-OTHER / UNKNOWN                        |                                          |                                                             |           |                                     |                                                                                                                  |
| 8-OFF RAMP                                       |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 9-CROSSOVER                                      |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 10-DRIVEWAY/ALLEY ACCESS                         |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 11-RAILWAY GRADE CROSSING                        |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 12-SHARED USE PATHS OR TRAILS                    |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 13-BIKE LANE                                     |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 14-TOLL BOOTH                                    |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| 99-OTHER / UNKNOWN                               |                          |                                          |                                          |                                                             |           |                                     |                                                                                                                  |
| <input type="checkbox"/> WORK ZONE RELATED       |                          | WORK ZONE TYPE                           |                                          | LOCATION OF CRASH IN WORK ZONE                              |           | CONTOUR                             |                                                                                                                  |
| <input type="checkbox"/> WORKERS PRESENT         |                          | 1-LANE CLOSURE                           |                                          | 1-BEFORE THE 1ST WORK ZONE WARNING SIGN                     |           | 2                                   |                                                                                                                  |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT |                          | 2-LANE SHIFT/CROSSOVER                   |                                          | 2-ADVANCE WARNING AREA                                      |           | 1                                   |                                                                                                                  |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      |                          | 3-WORK ON SHOULDER OR MEDIAN             |                                          | 3-TRANSITION AREA                                           |           | 1                                   |                                                                                                                  |
|                                                  |                          | 4-INTERMITTENT OR MOVING WORK            |                                          | 4-ACTIVITY AREA                                             |           | 1                                   |                                                                                                                  |
|                                                  |                          | 5-OTHER                                  |                                          | 5-TERMINATION AREA                                          |           | 2                                   |                                                                                                                  |
| LIGHT CONDITION                                  |                          | WEATHER                                  |                                          | CONDITIONS                                                  |           | SURFACE                             |                                                                                                                  |
| 1-DAYLIGHT                                       |                          | 1-CLEAR                                  |                                          | 1-DRY                                                       |           | 1-CONCRETE                          |                                                                                                                  |
| 2-DAWN/DUSK                                      |                          | 2-CLOUDY                                 |                                          | 2-WET                                                       |           | 2-BLACKTOP, BITUMINOUS, ASPHALT     |                                                                                                                  |
| 3-DARK - LIGHTED ROADWAY                         |                          | 3-FOG, SMOG, SMOKE                       |                                          | 3-SNOW                                                      |           | 3-BRICK/BLOCK                       |                                                                                                                  |
| 4-DARK - ROADWAY NOT LIGHTED                     |                          | 4-RAIN                                   |                                          | 4-ICE                                                       |           | 4-SLAG, GRAVEL, STONE               |                                                                                                                  |
| 5-DARK - UNKNOWN ROADWAY LIGHTING                |                          | 5-SLEET, HAIL                            |                                          | 5-SAND, MUD, DIRT, OIL, GRAVEL                              |           | 5-DIRT                              |                                                                                                                  |
| 9-OTHER / UNKNOWN                                |                          |                                          |                                          | 6-WATER (STANDING, MOVING)                                  |           | 9-OTHER/UNKNOWN                     |                                                                                                                  |
|                                                  |                          |                                          |                                          | 7-SLUSH                                                     |           |                                     |                                                                                                                  |
|                                                  |                          |                                          |                                          | 9-OTHER/UNKNOWN                                             |           |                                     |                                                                                                                  |

## NARRATIVE

On March 5, 2022 at about 9:25 p.m. Unit 1 was traveling south on South Gilmore Rd. at a high rate of speed and when at approximately 433 yards south of Resor Rd. went left of center and sideswiped Unit 2, and then collided with Unit 3 head on. Unit 2 and Unit 3 were both traveling north on South Gilmore Rd.

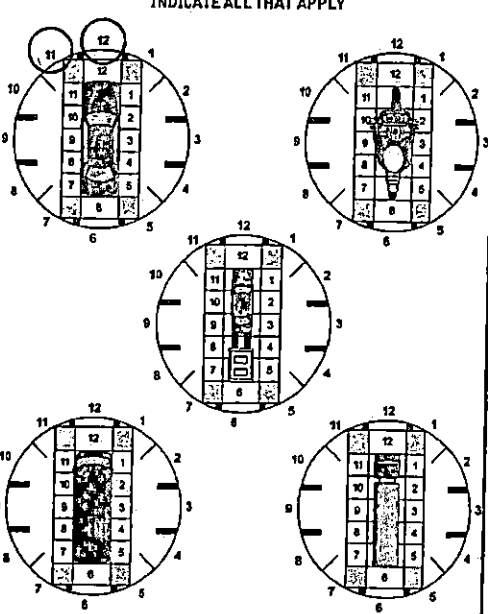
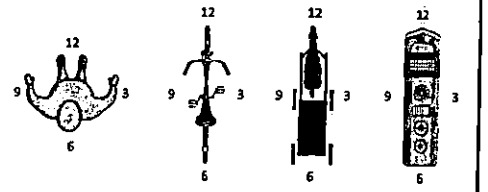
The front and rear passengers of Unit 3 were transported via AirCare to the hospital with serious injuries.

SEE OH-2



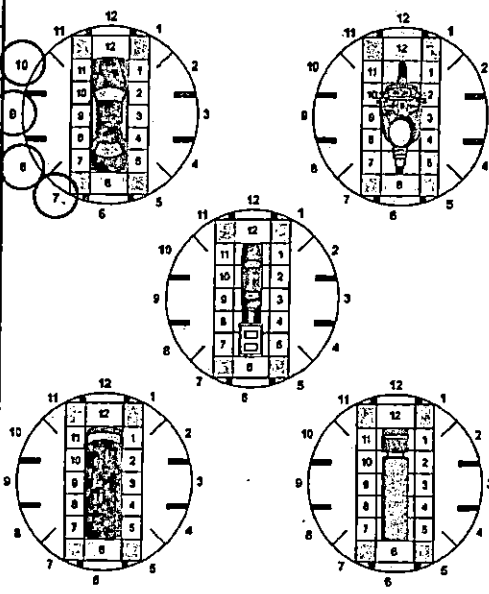
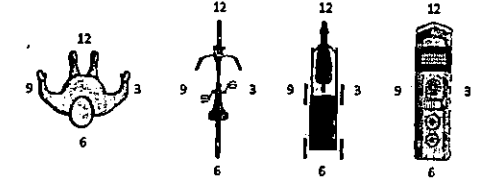
Indicate the north direction with an "N" on the compass diagram.

|                                    |  |                                    |  |                                    |  |                                    |  |                                                                                                            |  |
|------------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| CRASH REPORTED DATE / TIME         |  | DISPATCH DATE / TIME               |  | ARRIVAL DATE / TIME                |  | SCENE CLEARED DATE / TIME          |  | REPORT TAKEN BY                                                                                            |  |
| 0, 3, 0, 5, 2, 0, 2, 2, 2, 1, 2, 6 |  | 0, 3, 0, 5, 2, 0, 2, 2, 2, 1, 2, 8 |  | 0, 3, 0, 5, 2, 0, 2, 2, 2, 1, 3, 2 |  | 0, 3, 0, 6, 2, 0, 2, 2, 0, 1, 4, 1 |  | <input checked="" type="checkbox"/> POLICE AGENCY                                                          |  |
| TOTAL TIME ROADWAY CLOSED          |  | OTHER INVESTIGATION TIME           |  | TOTAL MINUTES                      |  | OFFICER'S NAME*                    |  | <input type="checkbox"/> MOTORIST                                                                          |  |
| 2, 4, 9                            |  | 6, 0                               |  | 3, 1, 3                            |  | P.O. RYAN FLEENOR                  |  | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 4043) |  |
|                                    |  |                                    |  |                                    |  | OFFICER'S BADGE NUMBER*            |  | CHECKED BY OFFICER'S NAME*                                                                                 |  |
|                                    |  |                                    |  |                                    |  | 1, 1, 7                            |  | D. POHL                                                                                                    |  |
|                                    |  |                                    |  |                                    |  |                                    |  | CHECKED BY OFFICER'S BADGE NUMBER*                                                                         |  |
|                                    |  |                                    |  |                                    |  |                                    |  | 1, 3, 0                                                                                                    |  |

| LOCAL REPORT NUMBER                                                                  |                               |
|--------------------------------------------------------------------------------------|-------------------------------|
| 2, 2, 0, 1, 5, 9, 9, 7                                                               |                               |
| DAMAGE                                                                               |                               |
| DAMAGE SCALE                                                                         |                               |
| 1 - NONE 3 - FUNCTIONAL DAMAGE                                                       |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE                                                |                               |
| 9 - UNKNOWN                                                                          |                               |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY                                              |                               |
|   |                               |
|  |                               |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]   |                               |
| <input type="checkbox"/> TOP [13] <input checked="" type="checkbox"/> ALL AREAS [15] |                               |
| <input type="checkbox"/> 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                                                                              |                               |
| TRAFFIC FLOW                                                                         | TRAFFIC CONTROL               |
| 1 - ONE-WAY                                                                          | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY                                                                          | 2 - SOUTH 6 - NORTHWEST       |
|                                                                                      | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD                                                           | RAIL GRADE CROSSING           |
| 3                                                                                    | 1 - NOT INVOLVED              |
|                                                                                      | 2 - INVOLVED-ACTIVE CROSSING  |
|                                                                                      | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION                                                        |                               |
| 1 - NORTH 5 - NORTHEAST                                                              |                               |
| 2 - SOUTH 6 - NORTHWEST                                                              |                               |
| 3 - EAST 7 - SOUTHEAST                                                               |                               |
| 4 - WEST 8 - SOUTHWEST                                                               |                               |
| 9 - OTHER / UNKNOWN                                                                  |                               |
| UNIT SPEED                                                                           | DETECTED SPEED                |
| 50                                                                                   | 1 - STATED / ESTIMATED SPEED  |
|                                                                                      | 2 - CALCULATED / EDR          |
|                                                                                      | 3 - UNDETERMINED              |
| POSTED SPEED                                                                         |                               |
| 35                                                                                   |                               |

| UNIT #                                                                                                                                                                  |                                                | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) |                          | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|--------------------------|-------------------------------------------------|---------------|
| 0, 1                                                                                                                                                                    |                                                | SAMUEL IXCOTOYAC ROOFING                         |                          |                                                 |               |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)                                                                                                                |                                                |                                                  |                          |                                                 |               |
| 5 PRINCETON SQUARE CIR. WEST CHESTER, OH 45246-4801                                                                                                                     |                                                |                                                  |                          |                                                 |               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                     |                                                |                                                  |                          |                                                 |               |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                             |                                                |                                                  |                          |                                                 |               |
| LP STATE                                                                                                                                                                | LICENSE PLATE #                                | VEHICLE IDENTIFICATION #                         |                          | VEHICLE YEAR                                    | VEHICLE MAKE  |
| OH                                                                                                                                                                      | JBC-6431                                       | 2C13C1D1XAT11D1H1617131215                       |                          | 2013                                            | DODGE         |
| <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                             | INSURANCE COMPANY                              |                                                  | INSURANCE POLICY #       | COLOR                                           | VEHICLE MODEL |
|                                                                                                                                                                         | NONE                                           |                                                  |                          | GRAY                                            | CHARGER       |
| <input type="checkbox"/> COMMERCIAL                                                                                                                                     | TYPE OF USE                                    |                                                  | US DOT #                 | TOWED BY: COMPANY NAME                          |               |
| <input type="checkbox"/> GOVERNMENT                                                                                                                                     | <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                  |                          | FOX TOWING                                      |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                      | <input type="checkbox"/> HIT/SKIP UNIT         |                                                  | VEHICLE WEIGHT GVWR/GCWR | HAZARDOUS MATERIAL                              |               |
|                                                                                                                                                                         | 0, 3                                           |                                                  | 1 - <10K LBS.            | <input type="checkbox"/> MATERIAL RELEASED      |               |
|                                                                                                                                                                         |                                                |                                                  | 2 - 10,001 - 26K LBS.    | <input type="checkbox"/> PLACARD                |               |
|                                                                                                                                                                         |                                                |                                                  | 3 - >26K LBS.            |                                                 |               |
| UNIT TYPE                                                                                                                                                               |                                                |                                                  |                          |                                                 |               |
| 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER                                                           |                                                |                                                  |                          |                                                 |               |
| 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)                                               |                                                |                                                  |                          |                                                 |               |
| 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST                                                               |                                                |                                                  |                          |                                                 |               |
| 4 - PICKUP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE                                                                          |                                                |                                                  |                          |                                                 |               |
| 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN                                          |                                                |                                                  |                          |                                                 |               |
| 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                                                                                            |                                                |                                                  |                          |                                                 |               |
| # OF TRAILING UNITS                                                                                                                                                     |                                                |                                                  |                          |                                                 |               |
| 0, 2                                                                                                                                                                    |                                                |                                                  |                          |                                                 |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                           |                                                |                                                  |                          |                                                 |               |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                      |                                                |                                                  |                          |                                                 |               |
| AUTONOMOUS MODE LEVEL                                                                                                                                                   |                                                |                                                  |                          |                                                 |               |
| 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN                                                                                                                |                                                |                                                  |                          |                                                 |               |
| 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION                                                                                                                               |                                                |                                                  |                          |                                                 |               |
| 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                              |                                                |                                                  |                          |                                                 |               |
| SPECIAL FUNCTION                                                                                                                                                        |                                                |                                                  |                          |                                                 |               |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER                                                                                                   |                                                |                                                  |                          |                                                 |               |
| 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN                                                                                             |                                                |                                                  |                          |                                                 |               |
| 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL                                                                                             |                                                |                                                  |                          |                                                 |               |
| 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING                                                                                                    |                                                |                                                  |                          |                                                 |               |
| 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                        |                                                |                                                  |                          |                                                 |               |
| CARGO BODY TYPE                                                                                                                                                         |                                                |                                                  |                          |                                                 |               |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER                          |                                                |                                                  |                          |                                                 |               |
| 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER                                                                                      |                                                |                                                  |                          |                                                 |               |
| 7 - GRAINCHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                |                                                |                                                  |                          |                                                 |               |
| VEHICLE DEFECTS                                                                                                                                                         |                                                |                                                  |                          |                                                 |               |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN                                                                              |                                                |                                                  |                          |                                                 |               |
| 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT                                                                           |                                                |                                                  |                          |                                                 |               |
| 3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                         |                                                |                                                  |                          |                                                 |               |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                                                         |                                                |                                                  |                          |                                                 |               |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                         |                                                |                                                  |                          |                                                 |               |
| 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN                              |                                                |                                                  |                          |                                                 |               |
| 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS                                                                                           |                                                |                                                  |                          |                                                 |               |
| ACTION                                                                                                                                                                  |                                                |                                                  |                          |                                                 |               |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE                                                       |                                                |                                                  |                          |                                                 |               |
| 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING                                                      |                                                |                                                  |                          |                                                 |               |
| 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST                                                |                                                |                                                  |                          |                                                 |               |
| 4 - STRUCK PRE-CRASH ACTIONS 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE                                                                            |                                                |                                                  |                          |                                                 |               |
| 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN                                                                              |                                                |                                                  |                          |                                                 |               |
| 6 - MAKING LEFT TURN 12 - DRIVERLESS                                                                                                                                    |                                                |                                                  |                          |                                                 |               |
| CONTRIBUTING CIRCUMSTANCES                                                                                                                                              |                                                |                                                  |                          |                                                 |               |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY                                                    |                                                |                                                  |                          |                                                 |               |
| 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                            |                                                |                                                  |                          |                                                 |               |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY                                    |                                                |                                                  |                          |                                                 |               |
| 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION                                                                |                                                |                                                  |                          |                                                 |               |
| 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY                                                                                      |                                                |                                                  |                          |                                                 |               |
| 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                                                                         |                                                |                                                  |                          |                                                 |               |
| SEQUENCE OF EVENTS                                                                                                                                                      |                                                |                                                  |                          |                                                 |               |
| 1 - OVERTURN/CLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT                |                                                |                                                  |                          |                                                 |               |
| 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |                                                |                                                  |                          |                                                 |               |
| 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT                                                              |                                                |                                                  |                          |                                                 |               |
| 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT                                                            |                                                |                                                  |                          |                                                 |               |
| 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL                                                          |                                                |                                                  |                          |                                                 |               |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING                                                                |                                                |                                                  |                          |                                                 |               |
| 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 53 - TUNNEL                                                                     |                                                |                                                  |                          |                                                 |               |
| 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT                                          |                                                |                                                  |                          |                                                 |               |
| 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN                                                                     |                                                |                                                  |                          |                                                 |               |
| 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 55 - OTHER / UNKNOWN                                                        |                                                |                                                  |                          |                                                 |               |
| 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 56 - OTHER / UNKNOWN                                                                               |                                                |                                                  |                          |                                                 |               |
| FIRST HARMFUL EVENT                                                                                                                                                     |                                                |                                                  |                          |                                                 |               |
| 2                                                                                                                                                                       |                                                |                                                  |                          |                                                 |               |
| MOST HARMFUL EVENT                                                                                                                                                      |                                                |                                                  |                          |                                                 |               |
| 3                                                                                                                                                                       |                                                |                                                  |                          |                                                 |               |

|                                                                                                                                                                           |                                                    |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|
| UNIT #                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)                           |
| 012                                                                                                                                                                       |                                                    |                                                                             |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)                                                                                                                |                                                    |                                                                             |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                       |                                                    |                                                                             |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                               |                                                    |                                                                             |
| LP STATE                                                                                                                                                                  | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #                                                    |
| OH                                                                                                                                                                        | EQD-1419                                           | 1G1Z1E5S19J110973                                                           |
| INSURANCE VERIFIED                                                                                                                                                        | INSURANCE COMPANY                                  | INSURANCE POLICY #                                                          |
| X                                                                                                                                                                         | STATE FARM                                         | 7335135C0335E                                                               |
| TYPE OF USE                                                                                                                                                               |                                                    | US DOT #                                                                    |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                    |                                                    |                                                                             |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                                 |                                                    | VEHICLE WEIGHT GVWR/GCWR                                                    |
|                                                                                                                                                                           |                                                    | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                     |
| TOWED BY: COMPANY NAME                                                                                                                                                    |                                                    | HAZARDOUS MATERIAL                                                          |
| MARCELL'S TOWING                                                                                                                                                          |                                                    | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| CLASS #                                                                                                                                                                   |                                                    | PLACARD ID #                                                                |
|                                                                                                                                                                           |                                                    |                                                                             |
| UNIT TYPE                                                                                                                                                                 |                                                    |                                                                             |
| 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER                                                             |                                                    |                                                                             |
| 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)                                                 |                                                    |                                                                             |
| 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST                                                                 |                                                    |                                                                             |
| 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE                                                                           |                                                    |                                                                             |
| 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN                                          |                                                    |                                                                             |
| 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                                                                                              |                                                    |                                                                             |
| # OF TRAILING UNITS                                                                                                                                                       |                                                    |                                                                             |
| 02                                                                                                                                                                        |                                                    |                                                                             |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                             |                                                    |                                                                             |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                        |                                                    |                                                                             |
| AUTONOMOUS MODE LEVEL                                                                                                                                                     |                                                    |                                                                             |
| 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN                                                                                                                  |                                                    |                                                                             |
| 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION                                                                                                                                 |                                                    |                                                                             |
| 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                |                                                    |                                                                             |
| SPECIAL FUNCTION                                                                                                                                                          |                                                    |                                                                             |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER                                                                                                     |                                                    |                                                                             |
| 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN                                                                                               |                                                    |                                                                             |
| 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL                                                                                               |                                                    |                                                                             |
| 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING                                                                                                      |                                                    |                                                                             |
| 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                          |                                                    |                                                                             |
| CARGO BODY TYPE                                                                                                                                                           |                                                    |                                                                             |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER                            |                                                    |                                                                             |
| 2 - BUS 4 - LOGGING 6 - CARGO VAN ENCLOSED BOX 10 - FLAT BED 13 - AUTO TRANSPORTER                                                                                        |                                                    |                                                                             |
| 7 - GRAIN CHIPS / GRAVEL 11 - DUMP 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN                                                                                             |                                                    |                                                                             |
| VEHICLE DEFECTS                                                                                                                                                           |                                                    |                                                                             |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN                                                                                |                                                    |                                                                             |
| 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT                                                                             |                                                    |                                                                             |
| 3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                           |                                                    |                                                                             |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                                                           |                                                    |                                                                             |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN / CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                         |                                                    |                                                                             |
| 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN                                   |                                                    |                                                                             |
| 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS                                                                                             |                                                    |                                                                             |
| ACTION                                                                                                                                                                    |                                                    |                                                                             |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE                                                         |                                                    |                                                                             |
| 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING                                                        |                                                    |                                                                             |
| 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST                                                  |                                                    |                                                                             |
| 4 - STRUCK PRE-CRASH ACTIONS 5 - OVERTAKING / PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE                                                     |                                                    |                                                                             |
| 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN                                             |                                                    |                                                                             |
| 6 - MAKING LEFT TURN 12 - DRIVERLESS                                                                                                                                      |                                                    |                                                                             |
| 9 - OTHER / UNKNOWN                                                                                                                                                       |                                                    |                                                                             |
| CONTRIBUTING CIRCUMSTANCES                                                                                                                                                |                                                    |                                                                             |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY                                                      |                                                    |                                                                             |
| 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                              |                                                    |                                                                             |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING / FALLING / SPILLING 23 - OPENING DOOR INTO ROADWAY                                  |                                                    |                                                                             |
| 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION                                                                  |                                                    |                                                                             |
| 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY                                                                                        |                                                    |                                                                             |
| 6 - IMPROPER TURN 12 - IMPROPER BACKING                                                                                                                                   |                                                    |                                                                             |
| SEQUENCE OF EVENTS                                                                                                                                                        |                                                    |                                                                             |
| 1 - OVERTURN / ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT              |                                                    |                                                                             |
| 2 - FIRE / EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |                                                    |                                                                             |
| 3 - IMMERISION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT                                                               |                                                    |                                                                             |
| 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT                                                              |                                                    |                                                                             |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL                                                          |                                                    |                                                                             |
| 6 - IMPROPER TURN 11 - IMPROPER BACKING 16 - RAILWAY VEHICLE 21 - PARKED MOTOR VEHICLE 52 - BUILDING                                                                      |                                                    |                                                                             |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 53 - TUNNEL                                                                    |                                                    |                                                                             |
| 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 54 - OTHER FIXED OBJECT                                                           |                                                    |                                                                             |
| 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 99 - OTHER / UNKNOWN                                               |                                                    |                                                                             |
| 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE                                                                                            |                                                    |                                                                             |
| 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX                                                                               |                                                    |                                                                             |
| 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT                                                                                    |                                                    |                                                                             |
| FIRST HARMFUL EVENT                                                                                                                                                       |                                                    |                                                                             |
| 1                                                                                                                                                                         |                                                    |                                                                             |
| MOST HARMFUL EVENT                                                                                                                                                        |                                                    |                                                                             |
| 1                                                                                                                                                                         |                                                    |                                                                             |

|                                                                                        |                               |
|----------------------------------------------------------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER                                                                    |                               |
| 22015997                                                                               |                               |
| DAMAGE                                                                                 |                               |
| DAMAGE SCALE                                                                           |                               |
| 3 1 - NONE 3 - FUNCTIONAL DAMAGE                                                       |                               |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE                                                  |                               |
| 9 - UNKNOWN                                                                            |                               |
| DAMAGED AREA(S)                                                                        |                               |
| INDICATE ALL THAT APPLY                                                                |                               |
|     |                               |
|    |                               |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] |                               |
| <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]          |                               |
| <input type="checkbox"/> - 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                                                                        | TRAFFIC CONTROL               |
| 1 - ONE-WAY                                                                            | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY                                                                            | 2 - SIGNAL 5 - YIELD SIGN     |
|                                                                                        | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD                                                             | RAIL GRADE CROSSING           |
| 3                                                                                      | 1 - NOT INVOLVED              |
|                                                                                        | 2 - INVOLVED-ACTIVE CROSSING  |
|                                                                                        | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION                                                          |                               |
| 1 - NORTH 5 - NORTHEAST                                                                |                               |
| 2 - SOUTH 6 - NORTHWEST                                                                |                               |
| 3 - EAST 7 - SOUTHEAST                                                                 |                               |
| 4 - WEST 8 - SOUTHWEST                                                                 |                               |
| 9 - OTHER / UNKNOWN                                                                    |                               |
| UNIT SPEED                                                                             | DETECTED SPEED                |
| 35                                                                                     | 1 - STATED / ESTIMATED SPEED  |
|                                                                                        | 2 - CALCULATED / EDR          |
|                                                                                        | 3 - UNDETERMINED              |
| POSTED SPEED                                                                           |                               |
| 35                                                                                     |                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| UNIT #<br><b>03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br><b>THOMAS, ROGER</b>                             | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>_____ |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>55 HEFFRON DR. APT. 8 FAIRFIELD, OH 45014-7726</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                          |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                          |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LICENSE PLATE #<br><b>JCC-8505</b>                                                                   | VEHICLE IDENTIFICATION #<br><b>4S4W182D171410102161</b>  |
| <input checked="" type="checkbox"/> INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSURANCE COMPANY<br><b>GEICO</b>                                                                    | INSURANCE POLICY #<br><b>4566950970</b>                  |
| <input type="checkbox"/> COMMERCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYPE OF USE<br><input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY<br>RESPONSE | US DOT #<br>_____                                        |
| <input type="checkbox"/> INTERLOCK<br>DEVICE<br>EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> HIT/SKIP UNIT                                                               | #OCCUPANTS<br><b>03</b>                                  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                          |
| TOWED BY: COMPANY NAME<br><b>FOX TOWING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                          |
| HAZARDOUS MATERIAL<br>CLASS # PLACARD ID #<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                          |
| UNIT TYPE<br><b>03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                          |
| 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGOVAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN<br>6 - VAN (15 SEATS) 17 - MOTORHOME 23 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                                                          |
| # OF TRAILING UNITS<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS<br>MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                          |
| AUTONOMOUS<br>MODE LEVEL<br>0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                          |
| SPECIAL<br>FUNCTION<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                          |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                          |
| CARGO<br>BODY<br>TYPE<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                          |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 13 - AUTOTRANSPORTER<br>7 - GRAIN/CHIPS/AGRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                          |
| VEHICLE<br>DEFECTS<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                          |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORK OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                          |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                          |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                          |
| ACTION<br><b>04</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                          |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                          |
| CONTRIBUTING<br>CIRCUMSTANCES<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                          |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                          |
| SEQUENCE OF EVENTS<br><b>120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                          |
| 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 51 - WALL<br>6 - IMPROPER TURN 11 - IMPROPER BACKING 16 - RAILWAY VEHICLE 52 - BUILDING<br>25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE<br>49 - FIRE HYDRANT |                                                                                                      |                                                          |
| FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                          |

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| LOCAL REPORT NUMBER<br><b>2, 2, 0, 1, 5, 9, 9, 7</b>                                                                                                                                                                         |                                                                                                            |
| DAMAGE<br>DAMAGE SCALE<br><b>4</b> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                    |                                                                                                            |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                            |
|                                                                                                                                                                                                                              |                                                                                                            |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                            |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                              |                                                                                                            |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br><b>2</b> 2 - TWO-WAY                                                                                                                                                                       | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES<br>ON ROAD<br><b>3</b>                                                                                                                                                                                    | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>2</b> TO <b>1</b>                                                                                                                                                                   |                                                                                                            |
| UNIT SPEED<br><b>3, 5</b>                                                                                                                                                                                                    | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3, 5</b>                                                                                                                                                                                                  |                                                                                                            |



# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                            |                                                                                  |                                                                                                                                  | CONTACT PHONE - INCLUDE AREA CODE            |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
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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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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                            |                                                                                  |                                                                                                                                  | CONTACT PHONE - 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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                            |                                                                                  |                                                                                                                                  | CONTACT PHONE - 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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| <table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1-FATAL</td><td>1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1-NOT DEPLOYED</td><td>1-CLASS A</td><td>1-ALCOHOL INTERLOCK DEVICE</td><td>1-NOT DISTRACTED</td><td>1-NONE GIVEN</td></tr><tr><td>2-SUSPECTED SERIOUS INJURY</td><td>2-FRONT-MIDDLE</td><td>2-DEPLOYED FRONT</td><td>2-CLASS B</td><td>2-COL INTRASTATE ONLY</td><td>2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2-TEST REFUSED</td></tr><tr><td>3-SUSPECTED MINOR INJURY</td><td>3-FRONT-RIGHT SIDE</td><td>3-DEPLOYED SIDE</td><td>3-CLASS C</td><td>3-CORRECTIVE LENSES</td><td>3-TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4-POSSIBLE INJURY</td><td>4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4-DEPLOYED BOTH FRONT / SIDE</td><td>4-REGULAR CLASS (OHIO = D)</td><td>4-FARM WAIVER</td><td>4-TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4-TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5-NO APPARENT INJURY</td><td>5-SECOND-MIDDLE</td><td>5-NOT APPLICABLE</td><td>5-M/C MOPED ONLY</td><td>5-EXCEPT CLASS A BUS</td><td>5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5-TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="2">INJURED TAKEN BY</td><td>9-DEPLOYMENT UNKNOWN</td><td>6-NO VALID OL</td><td>6-EXCEPT CLASS A &amp; CLASS B BUS</td><td>6-PASSENGER</td><td>ALCOHOL TEST TYPE</td></tr><tr><td colspan="2">1-NOT TRANSPORTED / TREATED AT SCENE</td><td colspan="2">EJECTION</td><td>7-EXCEPT TRACTOR-TRAILER</td><td>7-OTHER DISTRACTION INSIDE THE VEHICLE</td><td>1-NONE</td></tr><tr><td colspan="2">2-EMS</td><td colspan="2">OL ENDORSEMENT</td><td>8-INTERMEDIATE LICENSE RESTRICTIONS</td><td>8-OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>2-BLOOD</td></tr><tr><td colspan="2">3-POLICE</td><td>1-NOT EJECTED</td><td>H-HAZMAT</td><td>9-LEARNER'S PERMIT RESTRICTIONS</td><td>9-OTHER / UNKNOWN</td><td>3-URINE</td></tr><tr><td colspan="2">9-OTHER / UNKNOWN</td><td>2-PARTIALLY EJECTED</td><td>M-MOTORCYCLE</td><td>10-LIMITED TO DAYLIGHT ONLY</td><td></td><td>4-BREATH</td></tr><tr><td colspan="2">SAFETY EQUIPMENT</td><td>3-TOTALLY EJECTED</td><td>P-PASSENGER</td><td>11-LIMITED TO EMPLOYMENT</td><td></td><td>5-OTHER</td></tr><tr><td colspan="2">1-NONE USED</td><td>4-NOT APPLICABLE</td><td>N-TANKER</td><td>12-LIMITED-OTHER</td><td></td><td>DRUG TEST TYPE</td></tr><tr><td colspan="2">2-SHOULDER BELT ONLY USED</td><td colspan="2">TRAPPED</td><td>13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td></td><td>1-NONE</td></tr><tr><td colspan="2">3-LAP BELT ONLY USED</td><td>1-NOT TRAPPED</td><td>Q-MOTOR SCOOTER</td><td>14-MILITARY VEHICLES ONLY</td><td></td><td>2-BLOOD</td></tr><tr><td colspan="2">4-SHOULDER &amp; LAP BELT USED</td><td>2-EXTRICATED BY MECHANICAL MEANS</td><td>R-THREE-WHEEL MOTORCYCLE</td><td>15-MOTOR VEHICLES WITHOUT AIR BRAKES</td><td></td><td>3-URINE</td></tr><tr><td colspan="2">5-CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>3-FREED BY NON-MECHANICAL MEANS</td><td>S-SCHOOL BUS</td><td>16-OUTSIDE MIRROR</td><td></td><td>4-OTHER</td></tr><tr><td colspan="2">6-CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td>T-DOUBLE &amp; TRIPLE TRAILERS</td><td>17-PROSTHETIC AID</td><td></td><td>DRUG TEST RESULT(S)</td></tr><tr><td colspan="2">7-BOOSTER SEAT</td><td></td><td>X-TANKER / HAZMAT</td><td>18-OTHER</td><td></td><td>1-AMPHETAMINES</td></tr><tr><td colspan="2">8-HELMET USED</td><td></td><td></td><td></td><td></td><td>2-BARBITURATES</td></tr><tr><td colspan="2">9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td>GENDER</td><td></td><td></td><td>3-BENZODIAZEPINES</td></tr><tr><td colspan="2">10-REFLECTIVE CLOTHING</td><td></td><td>F-FEMALE</td><td></td><td></td><td>4-CANNABINOIDS</td></tr><tr><td colspan="2">11-LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td>M-MALE</td><td></td><td></td><td>5-COCAINE</td></tr><tr><td colspan="2">99-OTHER / UNKNOWN</td><td></td><td>U-OTHER / UNKNOWN</td><td></td><td></td><td>6-OPiates / OPIOIDS</td></tr><tr><td colspan="2"></td><td></td><td></td><td></td><td></td><td>7-OTHER</td></tr><tr><td colspan="2"></td><td></td><td></td><td></td><td></td><td>8-NEGATIVE RESULTS</td></tr></tbody></table> |                                           |                                  |                            |                                                                                  |                                                                                                                                  |                                              |                     |                          |                  |                 |          |         |                       | INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | 1-FATAL | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) | 1-NOT DEPLOYED | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN | 2-SUSPECTED SERIOUS INJURY | 2-FRONT-MIDDLE | 2-DEPLOYED FRONT | 2-CLASS B | 2-COL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED | 3-SUSPECTED MINOR INJURY | 3-FRONT-RIGHT SIDE | 3-DEPLOYED SIDE | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 4-POSSIBLE INJURY | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE | 4-TEST GIVEN, RESULTS KNOWN | 5-NO APPARENT INJURY | 5-SECOND-MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5-TEST GIVEN, RESULTS UNKNOWN | INJURED TAKEN BY |  | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | ALCOHOL TEST TYPE | 1-NOT TRANSPORTED / TREATED AT SCENE |  | EJECTION |  | 7-EXCEPT TRACTOR-TRAILER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 1-NONE | 2-EMS |  | OL ENDORSEMENT |  | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 2-BLOOD | 3-POLICE |  | 1-NOT EJECTED | H-HAZMAT | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER / UNKNOWN | 3-URINE | 9-OTHER / UNKNOWN |  | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 10-LIMITED TO DAYLIGHT ONLY |  | 4-BREATH | SAFETY EQUIPMENT |  | 3-TOTALLY EJECTED | P-PASSENGER | 11-LIMITED TO EMPLOYMENT |  | 5-OTHER | 1-NONE USED |  | 4-NOT APPLICABLE | N-TANKER | 12-LIMITED-OTHER |  | DRUG TEST TYPE | 2-SHOULDER BELT ONLY USED |  | TRAPPED |  | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 1-NONE | 3-LAP BELT ONLY USED |  | 1-NOT TRAPPED | Q-MOTOR SCOOTER | 14-MILITARY VEHICLES ONLY |  | 2-BLOOD | 4-SHOULDER & LAP BELT USED |  | 2-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE | 15-MOTOR VEHICLES WITHOUT AIR BRAKES |  | 3-URINE | 5-CHILD RESTRAINT SYSTEM - FORWARD FACING |  | 3-FREED BY NON-MECHANICAL MEANS | S-SCHOOL BUS | 16-OUTSIDE MIRROR |  | 4-OTHER | 6-CHILD RESTRAINT SYSTEM - REAR FACING |  |  | T-DOUBLE & TRIPLE TRAILERS | 17-PROSTHETIC AID |  | DRUG TEST RESULT(S) | 7-BOOSTER SEAT |  |  | X-TANKER / HAZMAT | 18-OTHER |  | 1-AMPHETAMINES | 8-HELMET USED |  |  |  |  |  | 2-BARBITURATES | 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  | GENDER |  |  | 3-BENZODIAZEPINES | 10-REFLECTIVE CLOTHING |  |  | F-FEMALE |  |  | 4-CANNABINOIDS | 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  | M-MALE |  |  | 5-COCAINE | 99-OTHER / UNKNOWN |  |  | U-OTHER / UNKNOWN |  |  | 6-OPiates / OPIOIDS |  |  |  |  |  |  | 7-OTHER |  |  |  |  |  |  | 8-NEGATIVE RESULTS |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SEATING POSITION                          | AIR BAG                          | OL CLASS                   | OL RESTRICTION(S)                                                                | DRIVER DISTRACTION                                                                                                               | TEST STATUS                                  |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 1-FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)     | 1-NOT DEPLOYED                   | 1-CLASS A                  | 1-ALCOHOL INTERLOCK DEVICE                                                       | 1-NOT DISTRACTED                                                                                                                 | 1-NONE GIVEN                                 |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 2-SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 3-SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 4-POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE     | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER                                                                    | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE                                                                                      | 4-TEST GIVEN, RESULTS KNOWN                  |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 5-NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 1-NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 2-EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 3-POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 9-OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 1-NONE USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | 4-NOT APPLICABLE                 | N-TANKER                   | 12-LIMITED-OTHER                                                                 |                                                                                                                                  | DRUG TEST TYPE                               |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 2-SHOULDER BELT ONLY USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | TRAPPED                          |                            | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |                                                                                                                                  | 1-NONE                                       |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 3-LAP BELT ONLY USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 4-SHOULDER & LAP BELT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | 2-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE   | 15-MOTOR VEHICLES WITHOUT AIR BRAKES                                             |                                                                                                                                  | 3-URINE                                      |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |              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| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 3-FREED BY NON-MECHANICAL MEANS  | S-SCHOOL BUS               | 16-OUTSIDE MIRROR                                                                |                                                                                                                                  | 4-OTHER                                      |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                  | T-DOUBLE & TRIPLE TRAILERS | 17-PROSTHETIC AID                                                                |                                                                                                                                  | DRUG TEST RESULT(S)                          |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 7-BOOSTER SEAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                  | X-TANKER / HAZMAT          | 18-OTHER                                                                         |                                                                                                                                  | 1-AMPHETAMINES                               |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 8-HELMET USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                  |                            |                                                                                  |                                                                                                                                  | 2-BARBITURATES                               |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                  | GENDER                     |                                                                                  |                                                                                                                                  | 3-BENZODIAZEPINES                            |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 10-REFLECTIVE CLOTHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                  | F-FEMALE                   |                                                                                  |                                                                                                                                  | 4-CANNABINOIDS                               |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                  | M-MALE                     |                                                                                  |                                                                                                                                  | 5-COCAINE                                    |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
| 99-OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                  | U-OTHER / UNKNOWN          |                                                                                  |                                                                                                                                  | 6-OPiates / OPIOIDS                          |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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       |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                  |                            |                                                                                  |                                                                                                                                  | 8-NEGATIVE RESULTS                           |                     |                          |                  |                 |          |         |                       |          |                  |         |          |                   |                    |             |         |                                       |                |           |                            |                  |              |                            |                |                  |           |                       |                                                                                    |                |                          |                    |                 |           |                     |                                              |                                              |                   |                                           |                              |                            |               |                                             |                             |                      |                 |                  |                  |                      |                                            |                               |                  |  |                      |               |                                |             |                   |                                      |  |          |  |                          |                                        |        |       |  |                |  |                                     |                                         |         |          |  |               |          |                                 |                   |         |                   |  |                     |              |                             |  |          |                  |  |                   |             |                          |  |         |             |  |                  |          |                  |  |                |                           |  |         |  |                                                                                  |  |        |                      |  |               |                 |                           |  |         |                            |  |                                  |                          |                                      |  |         |                                           |  |                                 |              |                   |  |         |                                        |  |  |                            |                   |  |                     |                |  |  |                   |          |  |                |               |  |  |  |  |  |                |                                             |  |  |        |  |  |                   |                        |  |  |          |  |  |                |                                         |  |  |        |  |  |           |                    |  |  |                   |  |  |                     |  |  |  |  |  |  |         |  |  |  |  |  |  |                    |



# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER                             |  |                                   |  |
|-------------------------------------------------|--|-----------------------------------|--|
| 2 2 0 1 5 9 9 7                                 |  |                                   |  |
| UNIT #                                          |  | NAME: LAST, FIRST, MIDDLE         |  |
| 1                                               |  | BRADBURY, JERALD ROBERT           |  |
| ADDRESS: STREET, CITY, STATE, ZIP               |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| 11810 GLENFALLS CT. CINCINNATI, OH 45246-2102   |  |                                   |  |
| INJURIES                                        |  | DATE OF BIRTH                     |  |
| 3                                               |  | 0 3 1 3 2 0 0 1                   |  |
| INJURED TAKEN BY                                |  | AGE                               |  |
| 2                                               |  | 2 1                               |  |
| EMS AGENCY (NAME)                               |  | GENDER                            |  |
| FAIRFIELD SQUAD                                 |  | M                                 |  |
| INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| UC WEST CHESTER                                 |  |                                   |  |
| SAFETY EQUIPMENT USED                           |  | DOT-COMPLIANT MC HELMET           |  |
| 0 1                                             |  | <input type="checkbox"/>          |  |
| SEATING POSITION                                |  | AIR BAG USAGE                     |  |
| 0 6                                             |  | 0 5                               |  |
| EJECTION                                        |  | TRAPPED                           |  |
| 1                                               |  | 1                                 |  |
| UNIT #                                          |  | NAME: LAST, FIRST, MIDDLE         |  |
| 1                                               |  | MENDEZ-RAMIREZ, ITEZL             |  |
| ADDRESS: STREET, CITY, STATE, ZIP               |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| 5350 CAMELOT DR. #17 FAIRFIELD, OH 45014        |  |                                   |  |
| INJURIES                                        |  | DATE OF BIRTH                     |  |
| 2                                               |  | 1 2 0 5 1 9 9 8                   |  |
| INJURED TAKEN BY                                |  | AGE                               |  |
| 2                                               |  | 2 3                               |  |
| EMS AGENCY (NAME)                               |  | GENDER                            |  |
| UC MAIN CAMPUS                                  |  | F                                 |  |
| INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| UC MAIN CAMPUS                                  |  |                                   |  |
| SAFETY EQUIPMENT USED                           |  | DOT-COMPLIANT MC HELMET           |  |
| 0 4                                             |  | <input type="checkbox"/>          |  |
| SEATING POSITION                                |  | AIR BAG USAGE                     |  |
| 0 3                                             |  | 0 5                               |  |
| EJECTION                                        |  | TRAPPED                           |  |
| 1                                               |  | 1                                 |  |
| UNIT #                                          |  | NAME: LAST, FIRST, MIDDLE         |  |
| 3                                               |  | NGASHA, SANDRA                    |  |
| ADDRESS: STREET, CITY, STATE, ZIP               |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| 55 HEFFRON DR. APT. 9 FAIRFIELD, OH 45014       |  |                                   |  |
| INJURIES                                        |  | DATE OF BIRTH                     |  |
| 2                                               |  | 0 4 0 1 1 9 9 2                   |  |
| INJURED TAKEN BY                                |  | AGE                               |  |
| 2                                               |  | 3 0                               |  |
| EMS AGENCY (NAME)                               |  | GENDER                            |  |
| UC AIR CARE                                     |  | F                                 |  |
| INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| UC MEDICAL CENTER                               |  |                                   |  |
| SAFETY EQUIPMENT USED                           |  | DOT-COMPLIANT MC HELMET           |  |
|                                                 |  | <input type="checkbox"/>          |  |
| SEATING POSITION                                |  | AIR BAG USAGE                     |  |
| 0 3                                             |  | 0 4                               |  |
| EJECTION                                        |  | TRAPPED                           |  |
| 1                                               |  |                                   |  |
| UNIT #                                          |  | NAME: LAST, FIRST, MIDDLE         |  |
| 3                                               |  | KABEYA, ARSA                      |  |
| ADDRESS: STREET, CITY, STATE, ZIP               |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| 55 HEFFRON DR. APT. 9 FAIRFIELD, OH 45014       |  |                                   |  |
| INJURIES                                        |  | DATE OF BIRTH                     |  |
| 2                                               |  | 0 2 0 9 2 0 1 9                   |  |
| INJURED TAKEN BY                                |  | AGE                               |  |
| 2                                               |  | 3                                 |  |
| EMS AGENCY (NAME)                               |  | GENDER                            |  |
| UC AIR CARE                                     |  | F                                 |  |
| INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | CONTACT PHONE - INCLUDE AREA CODE |  |
| CHILDREN'S CINCINNATI                           |  |                                   |  |
| SAFETY EQUIPMENT USED                           |  | DOT-COMPLIANT MC HELMET           |  |
| 0 5                                             |  | <input type="checkbox"/>          |  |
| SEATING POSITION                                |  | AIR BAG USAGE                     |  |
| 0 4                                             |  | 0 5                               |  |
| EJECTION                                        |  | TRAPPED                           |  |
| 1                                               |  | 1                                 |  |

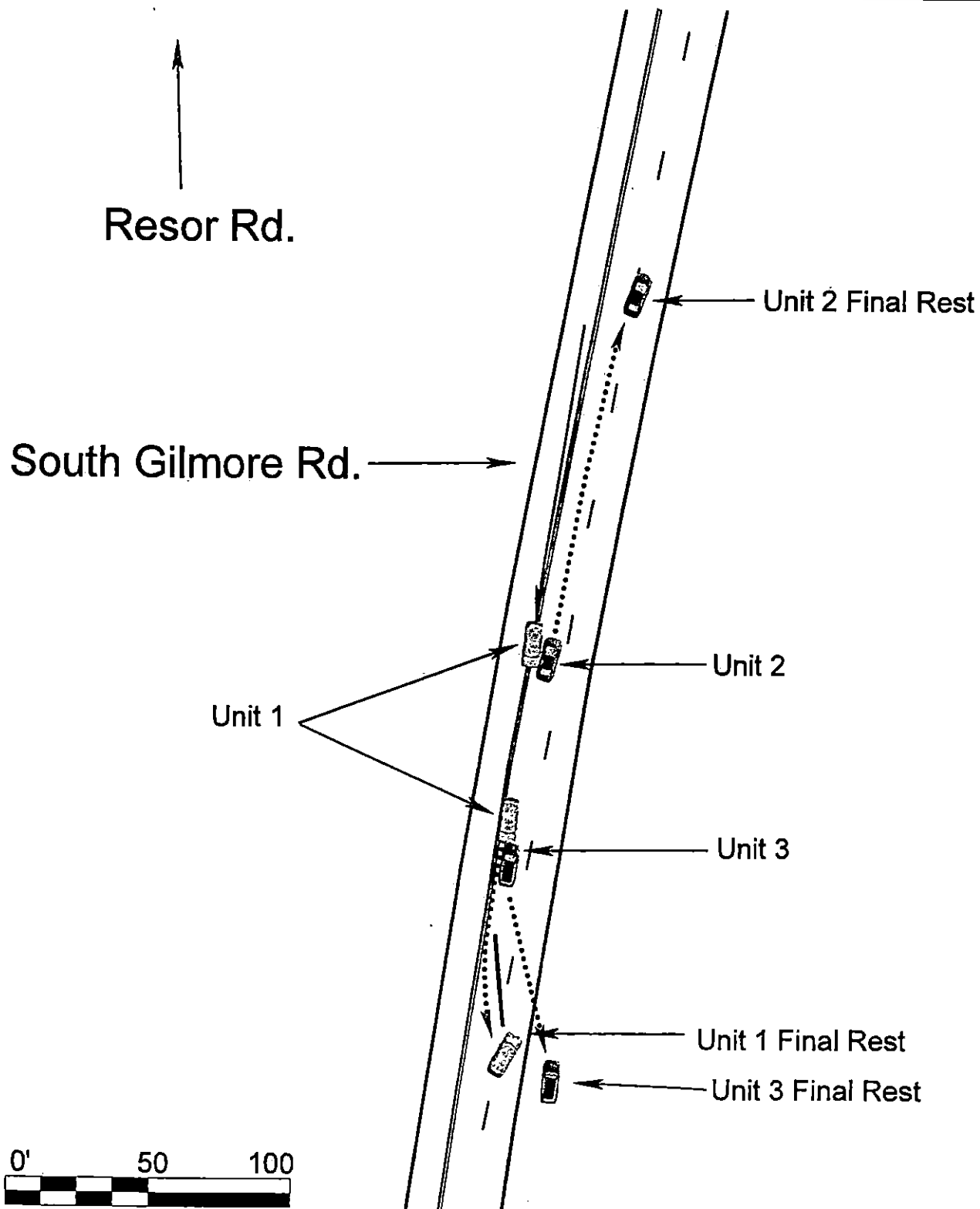
| INJURIES                     | SAFETY EQUIPMENT USED                          | SEATING POSITION                                                                       | AIR BAG USAGE                |
|------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|
| 1 - FATAL                    | 1 - NONE USED                                  | 1 - FRONT - LEFT SIDE                                                                  | 1 - NOT DEPLOYED             |
| 2 - SUSPECTED SERIOUS INJURY | 2 - VEHICLE OCCUPANT                           | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT           |
| 3 - SUSPECTED MINOR INJURY   | 3 - SHOULDER BELT ONLY USED                    | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE            |
| 4 - POSSIBLE INJURY          | 4 - LAP BELT ONLY USED                         | 4 - SECOND - LEFT SIDE                                                                 | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY       | 5 - SHOULDERS & LAP BELT USED                  | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE           |
|                              | 6 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - CHILD RESTRAINT SYSTEM - REAR FACING       | 7 - THIRD - LEFT SIDE                                                                  |                              |
|                              | 8 - BOOSTER SEAT                               | 8 - THIRD - MIDDLE                                                                     |                              |
|                              | 9 - HELMET USED                                | 9 - THIRD - RIGHT SIDE                                                                 |                              |
|                              | 10 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |                              |
|                              | 11 - REFLECTIVE CLOTHING                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |
|                              | 12 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                |                              |
|                              | 99 - OTHER / UNKNOWN                           | 13 - TRAILING UNIT                                                                     |                              |
|                              |                                                | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                              |
|                              |                                                | 15 - NON-MOTORIST                                                                      |                              |
|                              |                                                | 99 - OTHER / UNKNOWN                                                                   |                              |

| NAME: LAST, FIRST, MIDDLE                  |  | DATE OF BIRTH                     |  | AGE | GENDER |
|--------------------------------------------|--|-----------------------------------|--|-----|--------|
| BROWN, ANNA LUCIA                          |  | 0 9 2 9 1 9 8 9                   |  | 3 2 | F      |
| ADDRESS: STREET, CITY, STATE, ZIP          |  | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
| 623 CHESTNUT ST. HAMILTON, OH 45011-3757   |  |                                   |  |     |        |
| NAME: LAST, FIRST, MIDDLE                  |  | DATE OF BIRTH                     |  | AGE | GENDER |
| HERRIN, HOLLY JEAN                         |  | 0 8 1 8 1 9 7 5                   |  | 4 6 | F      |
| ADDRESS: STREET, CITY, STATE, ZIP          |  | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
| 927 W KEMPER RD. CINCINNATI, OH 45240-2437 |  |                                   |  |     |        |
| NAME: LAST, FIRST, MIDDLE                  |  | DATE OF BIRTH                     |  | AGE | GENDER |
| OGLETREE, BRETT C.                         |  | 1 2 0 9 1 9 7 4                   |  | 4 7 | M      |
| ADDRESS: STREET, CITY, STATE, ZIP          |  | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |
| 4243 MOSELLE DR. HAMILTON, OH 45011-5204   |  |                                   |  |     |        |

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

|                                         |                                                            |                                                          |
|-----------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| LOCAL REPORT NUMBER<br><b>22-015799</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b>     | DATE OF CRASH<br>M <b>03</b>   D <b>05</b>   Y <b>22</b> |
| IN COUNTY OF<br><b>Butler</b>           | CRASH LOCATION<br><b>South Gilmore Rd. S. of Resor Rd.</b> |                                                          |



OFFICER'S SIGNATURE  
**P.O. Ryan Fleenor**

BADGE NUMBER  
**117**