

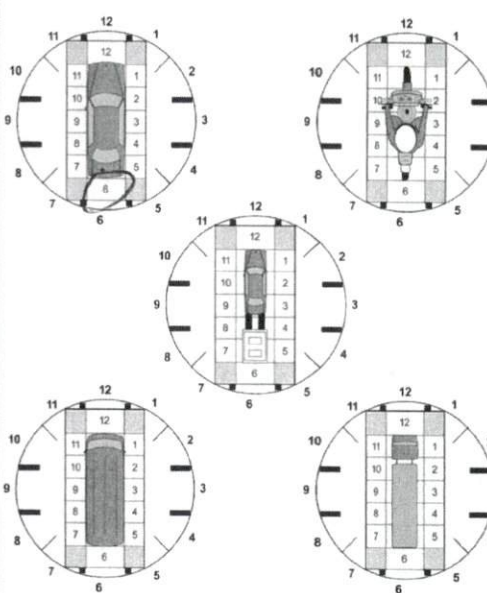
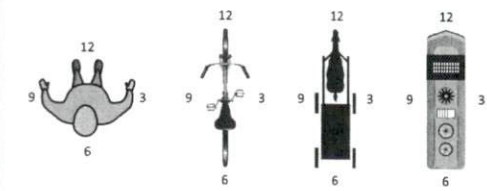


LOCAL REPORT NUMBER\*

PAGE 1 OF 5

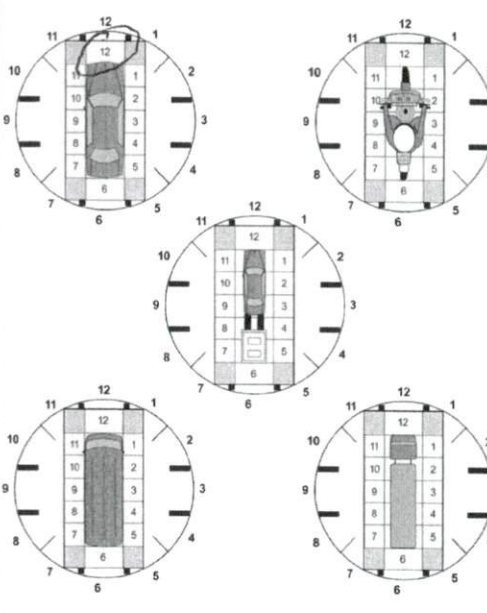


|   |   |  |   |   |                            |
|---|---|--|---|---|----------------------------|
| OWNER   | UNIT #<br>01  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER   | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER   |   |                            |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  |  |   |   |                            |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |                            |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #  | VEHICLE IDENTIFICATION #  | VEHICLE YEAR  | VEHICLE MAKE<br>Chevy      |
|   | INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #  | COLOR<br>Maroon   | VEHICLE MODEL<br>Silverado |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT #   | TOWED BY: COMPANY NAME  |   |                            |
|   | INTERLOCK DEVICE EQUIPPED   | HIT/SKIP UNIT  | #OCCUPANTS<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                            |
|   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  | CLASS # PLACARD ID #  |   |                            |
|   | UNIT TYPE<br>04   |  | 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 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP<br>6 - VAN (9-15 SEATS)  |   |                            |
|   | # OF TRAILING UNITS<br>00   |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>0  |   |                            |
|   | 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |  | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION   |   |                            |
|   | SPECIAL FUNCTION<br>01  |  | 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 BODY TYPE<br>01   |  | 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 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE<br>11 - DUMP 99 - OTHER / UNKNOWN   |   |                            |
| VEHICLE DEFECTS<br>01                               |   | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT |   |   |                            |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>03   |  | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - ENTERING OR CROSSING SPECIFIED LOCATION<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING<br>9 - OTHER / UNKNOWN 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN  |   |                            |
|   | ACTION<br>03  |  | 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 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN   |   |                            |
|   | CONTRIBUTING CIRCUMSTANCES<br>12  |  | 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 / ACDA 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 99 - OTHER IMPROPER ACTION<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING<br>6 - IMPROPER TURN 12 - IMPROPER BACKING   |   |                            |
|   | SEQUENCE OF EVENTS<br>120   |  | 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>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<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 26 - OTHER MOVABLE OBJECT<br>6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - LYING IN ROADWAY 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 26 - OTHER MOVABLE OBJECT 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |   |                            |
|   | FIRST HARMFUL EVENT<br>1  |  | MOST HARMFUL EVENT<br>1   |   |                            |

|   |  |
|---|--|
| LOCAL REPORT NUMBER<br>22021284   |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 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 checked="" 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   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br># OF THROUGH LANES ON ROAD<br>6<br>RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING                                      |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3<br>1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN   |  |
| UNIT SPEED<br>003<br>POSTED SPEED<br>1<br>DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  |  |



|   |  |  |  |   |               |
|---|--|--|--|---|---------------|
| OWNER   | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER |  | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER |               |
|   | 012  | Donley, Deborah                                    |  |   |               |
| VEHICLE   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER   |  |  |   |               |
|   | 574 Symmes Rd. Apt. B, Fairfield, OH, 45014  |  |  |   |               |
|   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  |  |   |               |
|   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |  |   |               |
|   | LP STATE   | LICENSE PLATE #                                    | VEHICLE IDENTIFICATION #   | VEHICLE YEAR                                      | VEHICLE MAKE  |
|   | OH   | JSH4313  | 1YVHP80D065M39852  | 2006  | Mazda         |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY                                  | INSURANCE POLICY #   | COLOR   | VEHICLE MODEL |
|   | <input checked="" type="checkbox"/>  | Liberty Mutual                                     | AOY28159416540   | Silver  | Mazda6        |
|   | TYPE OF USE  |  | US DOT #   | TOWED BY: COMPANY NAME                            |               |
|   | <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 |  | #OCCUPANTS   | HAZARDOUS MATERIAL   |   |               |
|   |  | 00   | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |   |               |
| UNIT TYPE   |  |  |  |   |               |
| 01  |  |  |  |   |               |
| 00  |  |  |  |   |               |
| # OF TRAILING UNITS   |  |  |  |   |               |
| 02  |  |  |  |   |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                             |  |  |  |   |               |
| 1-YES 2-NO 9-OTHER / UNKNOWN  |  |  |  |   |               |
| AUTONOMOUS MODE LEVEL   |  |  |  |   |               |
| 01  |  |  |  |   |               |
| SPECIAL FUNCTION  |  |  |  |   |               |
| 01  |  |  |  |   |               |
| CARGO BODY TYPE   |  |  |  |   |               |
| 01  |  |  |  |   |               |
| VEHICLE DEFECTS   |  |  |  |   |               |
| 01  |  |  |  |   |               |
| NON-MOTORIST LOCATION AT IMPACT   |  |  |  |   |               |
| 01  |  |  |  |   |               |
| ACTION  |  |  |  |   |               |
| 04  |  |  |  |   |               |
| PRE-CRASH ACTIONS   |  |  |  |   |               |
| 10  |  |  |  |   |               |
| CONTRIBUTING CIRCUMSTANCES  |  |  |  |   |               |
| 01  |  |  |  |   |               |
| SEQUENCE OF EVENTS  |  |  |  |   |               |
| 120   |  |  |  |   |               |
| 2   |  |  |  |   |               |
| 3   |  |  |  |   |               |
| 4   |  |  |  |   |               |
| 5   |  |  |  |   |               |
| 6   |  |  |  |   |               |
| 1   |  |  |  |   |               |
| FIRST HARMFUL EVENT   |  |  |  |   |               |
| 1   |  |  |  |   |               |
| MOST HARMFUL EVENT  |  |  |  |   |               |
| 1   |  |  |  |   |               |

|  |                               |
|--|-------------------------------|
| LOCAL REPORT NUMBER  |                               |
| 22021284   |                               |
| 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 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                                 |                               |
| 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           |
|  | 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                |
| 000  | 1 - STATED / ESTIMATED SPEED  |
|  | 2 - CALCULATED / EDR          |
|  | 3 - UNDETERMINED              |
| POSTED SPEED   |                               |
|  |                               |





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 2 1 2 8 4

| MOTORIST / NON-MOTORIST   | UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE          |                              |  |  | DATE OF BIRTH  |  | AGE<br>0                | GENDER<br>F                                |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|---|--|------------------------------------|------------------------------|--|--|--|--|-------------------------|--|---------------|--|----------|------------------|---------|----------|-------------------|--------------------|-------------|-----------|---|------------------|-------------|------------------------------|--------------------|----------------|------------------------------|--------------------|--------------------|-------------|-------------------------|--|------------------|----------------------------|------------------------|-------------------|-------------|-----------------------|--|--|---------------------|---|--------------------------------|------------------------------|-----------------|---|-------------------------------|------------------------|---------------------|--------------------|--------------------|------------------------|--|---------------------------------|------------------|--|--|-----------------|----------------------------------|---------------|-------------------|--|--|---|----------|--|----------------------------|--|----------|---------|--------------------|-----------------|----------------|---------------------------------------|---|-----------|------------|------------------------|-----------------------|------------|-----------------------------------|---------------------|-----------|---------------------|-----------------------------------|---------------------|----------------|-------------------------------|----------------|--|------------------|--|--|---------------|----------------------------|----------|--|---------------|--|--------------------|------------|----------------------|-----------|--|-----------------------------|---|---------|--|--|-----------|--|------------------------|--------------------|-----------------|-------------------|-----------------------------|-----------|--|------------------------------|---|------------------------------------|----------------------------|--|-----------|--|---|----------------------|-----------------------------------|----------------|---------------------|-----------------------|-------------------------|--|--|--|------------------------------|---------------------|--|-----------|------------------|--|--|---------------------|------------|-------------|-----------|-----------------|--|--|--|--|--|---------------------|---|--|--|--|--|--|------------------|--------------------------|--|--|--|--|---------------------|------------------|---|--|--|--|--|--|---------------------|----------------------|--|--|--|--|--|------------------|--|--|--|--|--|--|-------------|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|-----------|--|--|--|--|--|--|----------------------|
|   | ADDRESS: STREET, CITY, STATE, ZIP  |                                    |                              |  |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | INJURIES<br>5  | INJURED TAKEN BY                   | EMS AGENCY (NAME)            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                    |  | SAFETY EQUIPMENT USED<br>9 9   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                         | EJECTION<br>1 | TRAPPED<br>1   |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL STATE   | OPERATOR LICENSE NUMBER            |                              | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                            |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST   | OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2      | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY<br>9  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>9          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | UNIT #   |                                    |                              |  |  | NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH           |  | AGE<br>0      | GENDER   |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |                                    |                              |  |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | INJURIES   | INJURED TAKEN BY                   | EMS AGENCY (NAME)            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                    |  | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE                              | EJECTION      | TRAPPED  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST   | OL STATE   | OPERATOR LICENSE NUMBER            |                              | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                            |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2      | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION               | ALCOHOL TEST<br>STATUS TYPE VALUE          |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4        |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | UNIT #   |                                    |                              |  |  | NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH           |  | AGE<br>0      | GENDER   |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |                                    |                              |  |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST   | INJURIES   | INJURED TAKEN BY                   | EMS AGENCY (NAME)            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                    |  | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE                              | EJECTION      | TRAPPED  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL STATE   | OPERATOR LICENSE NUMBER            |                              | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                            |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2      | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION               | ALCOHOL TEST<br>STATUS TYPE VALUE          |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4        |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | UNIT #   |                                    |                              |  |  | NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH           |  | AGE<br>0      | GENDER   |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP   |  |                                    |                              |  | CONTACT PHONE - INCLUDE AREA CODE  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST   | INJURIES   | INJURED TAKEN BY                   | EMS AGENCY (NAME)            | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                    |  | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE                              | EJECTION      | TRAPPED  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL STATE   | OPERATOR LICENSE NUMBER            |                              | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                            |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2      | RESTRICTION SELECT UP TO 3   |  | DRIVER DISTRACTED BY   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION               | ALCOHOL TEST<br>STATUS TYPE VALUE          |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4        |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   | UNIT #   |                                    |                              |  |  | NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH           |  | AGE<br>0      | GENDER   |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP   |  |                                    |                              |  | CONTACT PHONE - INCLUDE AREA CODE  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <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 - CDL 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="3">INJURED TAKEN BY</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td colspan="2">ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</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>2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>1 - NOT EJECTED</td><td>OL ENDORSEMENT</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>2 - PARTIALLY 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>9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>3 - TOTALLY EJECTED</td><td>M - MOTORCYCLE</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td colspan="2">DRUG TEST TYPE</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td>P - PASSENGER</td><td>11 - LIMITED TO EMPLOYMENT</td><td colspan="2">1 - NONE</td></tr><tr><td>1 - NONE USED</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>12 - LIMITED - OTHER</td><td colspan="2">2 - BLOOD</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td colspan="2">TRAPPED</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td colspan="2">3 - URINE</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>1 - NOT TRAPPED</td><td>Q - MOTOR SCOOTER</td><td>14 - MILITARY VEHICLES ONLY</td><td colspan="2">4 - OTHER</td></tr><tr><td>4 - SHOULDER &amp; LAP BELT USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td colspan="2">CONDITION</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>99 - OTHER / UNKNOWN</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>S - SCHOOL BUS</td><td>16 - OUTSIDE MIRROR</td><td>1 - APPARENTLY NORMAL</td><td>2 - PHYSICAL IMPAIRMENT</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td></td><td>T - DOUBLE &amp; TRIPLE TRAILERS</td><td>17 - PROSTHETIC AID</td><td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td><td>3 - URINE</td></tr><tr><td>7 - BOOSTER SEAT</td><td></td><td></td><td>X - TANKER / HAZMAT</td><td>18 - OTHER</td><td>4 - ILLNESS</td><td>4 - OTHER</td></tr><tr><td>8 - HELMET USED</td><td></td><td></td><td></td><td></td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>DRUG TEST RESULT(S)</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td></td><td></td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td>1 - AMPHETAMINES</td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td></td><td>9 - OTHER / UNKNOWN</td><td>2 - BARBITURATES</td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td></td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td></td><td></td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>5 - COCAINE</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>7 - OTHER</td></tr><tr><td></td><td></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 - CDL 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 |  |  | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | ALCOHOL TEST TYPE |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |  | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE | 2 - EMS | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | OL ENDORSEMENT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD | 3 - POLICE | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | H - HAZMAT | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE | 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO DAYLIGHT ONLY | DRUG TEST TYPE |  | SAFETY EQUIPMENT |  |  | P - PASSENGER | 11 - LIMITED TO EMPLOYMENT | 1 - NONE |  | 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 12 - LIMITED - OTHER | 2 - BLOOD |  | 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - URINE |  | 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | Q - MOTOR SCOOTER | 14 - MILITARY VEHICLES ONLY | 4 - OTHER |  | 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | CONDITION |  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS | S - SCHOOL BUS | 16 - OUTSIDE MIRROR | 1 - APPARENTLY NORMAL | 2 - PHYSICAL IMPAIRMENT | 6 - CHILD RESTRAINT SYSTEM - REAR FACING |  |  | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - URINE | 7 - BOOSTER SEAT |  |  | X - TANKER / HAZMAT | 18 - OTHER | 4 - ILLNESS | 4 - OTHER | 8 - HELMET USED |  |  |  |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | DRUG TEST RESULT(S) | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |  |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 1 - AMPHETAMINES | 10 - REFLECTIVE CLOTHING |  |  |  |  | 9 - OTHER / UNKNOWN | 2 - BARBITURATES | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  |  |  |  | 3 - BENZODIAZEPINES | 99 - OTHER / UNKNOWN |  |  |  |  |  | 4 - CANNABINOIDS |  |  |  |  |  |  | 5 - COCAINE |  |  |  |  |  |  | 6 - OPIATES / OPIOIDS |  |  |  |  |  |  | 7 - OTHER |  |  |  |  |  |  | 8 - NEGATIVE RESULTS |
| 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 - CDL 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  |  |                                    | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | ALCOHOL TEST TYPE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE   |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - EMS   | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | OL ENDORSEMENT               | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - POLICE  | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - OTHER / UNKNOWN   | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  | DRUG TEST TYPE   |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| SAFETY EQUIPMENT  |  |                                    | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   | 1 - NONE   |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NONE USED   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   | 2 - BLOOD  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SHOULDER BELT ONLY USED   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            |                              | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - URINE  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - LAP BELT ONLY USED  | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | Q - MOTOR SCOOTER            | 14 - MILITARY VEHICLES ONLY  | 4 - OTHER  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - SHOULDER & LAP BELT USED  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | CONDITION  |  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 16 - OUTSIDE MIRROR  | 1 - APPARENTLY NORMAL  | 2 - PHYSICAL IMPAIRMENT  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING  |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 7 - BOOSTER SEAT  |  |                                    | X - TANKER / HAZMAT          | 18 - OTHER   | 4 - ILLNESS  | 4 - OTHER  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8 - HELMET USED   |  |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | DRUG TEST RESULT(S)  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)   |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 1 - AMPHETAMINES   |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 10 - REFLECTIVE CLOTHING  |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 2 - BARBITURATES   |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY   |  |                                    |                              |  |  | 3 - BENZODIAZEPINES  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 99 - OTHER / UNKNOWN  |  |                                    |                              |  |  | 4 - CANNABINOIDS   |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |                              |  |  | 5 - COCAINE  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |                              |  |  | 7 - OTHER  |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS   |  |                         |  |               |  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                  |  |  |                 |                                  |               |                   |  |  |   |          |  |                            |  |          |         |                    |                 |                |                                       |   |           |            |                        |                       |            |                                   |                     |           |                     |                                   |                     |                |                               |                |  |                  |  |  |               |                            |          |  |               |  |                    |            |                      |           |  |                             |   |         |  |  |           |  |                        |                    |                 |                   |                             |           |  |                              |   |                                    |                            |  |           |  |   |                      |                                   |                |                     |                       |                         |  |  |  |                              |                     |  |           |                  |  |  |                     |            |             |           |                 |  |  |  |  |  |                     |   |  |  |  |  |  |                  |                          |  |  |  |  |                     |                  |   |  |  |  |  |  |                     |                      |  |  |  |  |  |                  |  |  |  |  |  |  |             |  |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |



# Occupant / Witness Addendum

LOCAL REPORT NUMBER  
2 2 0 2 1 2 8 4

|                 |                                   |                           |                   |   |                       |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  | AGE           | GENDER   |         |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

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

|                                       |                           |                                   |  |     |        |  |
|---------------------------------------|---------------------------|-----------------------------------|--|-----|--------|--|
| <b>WITNESS</b>                        | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE | GENDER |  |
|                                       | Williams, Jhyerre         | 0 9 0 4 1 9 9 5                   |  | 2 6 | M      |  |
| ADDRESS: STREET, CITY, STATE, ZIP     |                           | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
| 1140 Flagler Ln, Cincinnati, OH 45240 |                           |                                   |  |     |        |  |
| <b>WITNESS</b>                        | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE | GENDER |  |
|                                       |                           |                                   |  | 0   |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP     |                           | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
|                                       |                           |                                   |  |     |        |  |
| <b>WITNESS</b>                        | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     |  | AGE | GENDER |  |
|                                       |                           |                                   |  | 0   |        |  |
| ADDRESS: STREET, CITY, STATE, ZIP     |                           | CONTACT PHONE - INCLUDE AREA CODE |  |     |        |  |
|                                       |                           |                                   |  |     |        |  |