



# TRAFFIC CRASH REPORT

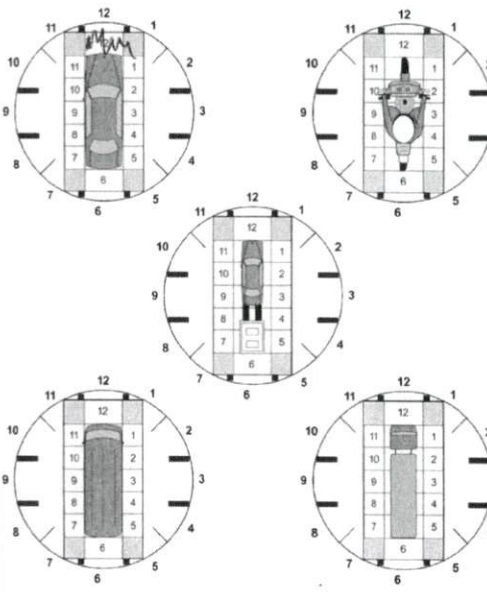
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |   |   |   |   |   |   |  |  |  |   |  |
|--|---|---|---|---|---|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |   | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |   | LOCAL INFORMATION   |   | 2 2 0 2 4 2 3 1   |  |  |  |   |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department  |   | NCIC*<br>0 0 9 0 1  |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  |   | NUMBER OF UNITS<br>0 4  |  | UNIT IN ERROR<br>0 1 98 - ANIMAL<br>99 - UNKNOWN   |  |   |  |
| COUNTY*<br>0 9   | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                       | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield   |   | CRASH DATE / TIME*<br>0 4 0 5 2 0 2 2 1 5 2 7   |   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |  |  |   |  |
| ROUTE TYPE<br>LOCATION   | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>South Gilmore   | ROAD TYPE<br>R D  | LATITUDE DECIMAL DEGREES<br>3 9 . 3 2 1 9 8 8                                     |   |  |  |  |   |  |
| ROUTE TYPE<br>REFERENCE  | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Pepper Ridge   | ROAD TYPE<br>D R  | LONGITUDE DECIMAL DEGREES<br>- 8 4 . 5 2 2 1 3 2                                  |   |  |  |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1   | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2 | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES   |  |  |  |   |  |
| DISTANCE FROM REFERENCE<br>1 5   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2             | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |   |   |   | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |   | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |   | CONTOUR<br>2  |  | CONDITIONS<br>2  |  | SURFACE<br>2  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1  |   | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>0 4  |   | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN   |   | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   |  | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN   |  |   |  |
| NARRATIVE<br>On 4/5/22 at 3:27 P.M. unit 1 was traveling southbound on South Gilmore Road near Pepper Ridge Drive. Unit 2 was stopped in traffic facing southbound on South Gilmore Road near Pepper Ridge Drive. Unit 1 failed to maintain an assured clear distance ahead and struck unit 2 in the rear causing significant damage. This caused unit 2 to strike unit 3 which caused unit 3 to strike unit 4.<br><br>Unit 1 was additionally cited with Full time and Attention (F.C.O. 331.34c)<br><br>See OH-2 |   |   |   |   |   |   |  |  |  |   |  |
| CRASH REPORTED DATE / TIME<br>0 4 0 5 2 0 2 2 1 5 2 7  |   | DISPATCH DATE / TIME<br>0 4 0 5 2 0 2 2 1 5 2 8   |   | ARRIVAL DATE / TIME<br>0 4 0 5 2 0 2 2 1 5 2 8  |   | SCENE CLEARED DATE / TIME<br>0 4 0 5 2 0 2 2 1 6 4 0  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>7 2   |   | OTHER INVESTIGATION TIME<br>2 0   |   | TOTAL MINUTES<br>9 2  |   | OFFICER'S NAME*<br>S. Cook  |  | CHECKED BY OFFICER'S NAME*<br>Sgt. [Signature]   |  | OFFICER'S BADGE NUMBER*<br>1 5 3  |  |
|  |   |   |   |   |   |   |  |  |  |   |  |



|   |  |  |                    |   |               |
|---|--|--|--------------------|---|---------------|
| OWNER   | UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER |                    | OWNER PHONE: ( ) INCLUDE AREA CODE ( ) SAME AS DRIVER                       |               |
|   | 01   | BHI Contracting LLC                                |                    |   |               |
| VEHICLE   | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER |  |                    |   |               |
|   | 5260 South Gilmore Rd. Ste. 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  | PLA7883  | 1FT8W3BTXKEG84880                                  |                    | 2019  | Ford          |
| INSURANCE VERIFIED  | INSURANCE COMPANY  |  | INSURANCE POLICY # | COLOR   | VEHICLE MODEL |
|   | Frankenmuth Mutual   |  | 6623621            | Black   | F350          |
| TYPE OF USE   |  | US DOT #   |                    | TOWED BY: COMPANY NAME  |               |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  |  |                    |   |               |
| INTERLOCK DEVICE EQUIPPED   |  | HIT/SKIP UNIT                                      | #OCCUPANTS         | HAZARDOUS MATERIAL  |               |
| <input type="checkbox"/>  |  | <input type="checkbox"/>                           | 01                 | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
| VEHICLE WEIGHT GVWR/GCWR  |  | CLASS # PLACARD ID #                               |                    |   |               |
| 1 - <10K LBS.   |  |  |                    |   |               |
| 2 - 10,001 - 26K LBS.   |  |  |                    |   |               |
| 3 - >26K LBS.   |  |  |                    |   |               |
| UNIT TYPE   |  |  |                    |   |               |
| 04  |  |  |                    |   |               |
| 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER   |  |  |                    |   |               |
| 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)   |  |  |                    |   |               |
| 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST   |  |  |                    |   |               |
| 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE   |  |  |                    |   |               |
| 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  |  |  |                    |   |               |
| 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  |  |  |                    |   |               |
| # OF TRAILING UNITS   |  |  |                    |   |               |
| 0   |  |  |                    |   |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  |  |                    |   |               |
| 2 1-YES 2-NO 9-OTHER / UNKNOWN  |  |  |                    |   |               |
| AUTONOMOUS MODE LEVEL   |  |  |                    |   |               |
| 0   |  |  |                    |   |               |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER   |  |  |                    |   |               |
| 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN   |  |  |                    |   |               |
| 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL   |  |  |                    |   |               |
| 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  |  |  |                    |   |               |
| 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL  |  |  |                    |   |               |
| CARGO BODY TYPE   |  |  |                    |   |               |
| 01  |  |  |                    |   |               |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER                          |  |  |                    |   |               |
| 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER   |  |  |                    |   |               |
| 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN   |  |  |                    |   |               |
| VEHICLE DEFECTS   |  |  |                    |   |               |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  |  |  |                    |   |               |
| 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT   |  |  |                    |   |               |
| 3 - TAIL LAMPS 6 - TIRE BLOWOUT   |  |  |                    |   |               |
| NON-MOTORIST LOCATION AT IMPACT   |  |  |                    |   |               |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                         |  |  |                    |   |               |
| 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN                                 |  |  |                    |   |               |
| 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |  |  |                    |   |               |
| ACTION  |  |  |                    |   |               |
| 3   |  |  |                    |   |               |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE   |  |  |                    |   |               |
| 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  |  |  |                    |   |               |
| 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  |  |  |                    |   |               |
| 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE   |  |  |                    |   |               |
| 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN   |  |  |                    |   |               |
| 9 - OTHER / UNKNOWN 12 - DRIVERLESS   |  |  |                    |   |               |
| CONTRIBUTING CIRCUMSTANCES  |  |  |                    |   |               |
| 08  |  |  |                    |   |               |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  |  |  |                    |   |               |
| 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE                            |  |  |                    |   |               |
| 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY                                   |  |  |                    |   |               |
| 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  |  |  |                    |   |               |
| 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  |  |  |                    |   |               |
| 6 - IMPROPER TURN   |  |  |                    |   |               |
| SEQUENCE OF EVENTS  |  |  |                    |   |               |
| 120   |  |  |                    |   |               |
| 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT              |  |  |                    |   |               |
| 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |  |  |                    |   |               |
| 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  |  |  |                    |   |               |
| 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT   |  |  |                    |   |               |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE   |  |  |                    |   |               |
| COLLISION WITH FIXED OBJECT - STRUCK  |  |  |                    |   |               |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT   |  |  |                    |   |               |
| 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL   |  |  |                    |   |               |
| 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  |  |  |                    |   |               |
| 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  |  |  |                    |   |               |
| 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT   |  |  |                    |   |               |
| 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 59 - OTHER / UNKNOWN   |  |  |                    |   |               |
| 49 - FIRE HYDRANT   |  |  |                    |   |               |
| FIRST HARMFUL EVENT   |  |  |                    |   |               |
| 1   |  |  |                    |   |               |
| MOST HARMFUL EVENT  |  |  |                    |   |               |
| 1   |  |  |                    |   |               |

|   |                               |
|---|-------------------------------|
| LOCAL REPORT NUMBER   |                               |
| 2 2 0 2 4 2 3 1   |                               |
| DAMAGE  |                               |
| DAMAGE SCALE  |                               |
| 2 1 - NONE 3 - FUNCTIONAL DAMAGE  |                               |
| 2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE   |                               |
| 9 - UNKNOWN   |                               |
| DAMAGED AREA(S)   |                               |
| INDICATE ALL THAT APPLY   |                               |
|  |                               |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]  |                               |
| <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]           |                               |
| <input type="checkbox"/> UNIT NOT AT SCENE [16]                                     |                               |
| INITIAL POINT OF CONTACT  |                               |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE  |                               |
| 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE                              |                               |
| 13 - TOP 99 - UNKNOWN   |                               |
| TRAFFIC   |                               |
| TRAFFICWAY FLOW   | TRAFFIC CONTROL               |
| 1 - ONE-WAY   | 1 - ROUNDABOUT 4 - STOP SIGN  |
| 2 - TWO-WAY   | 2 - SIGNAL 5 - YIELD SIGN     |
|   | 3 - FLASHER 6 - NO CONTROL    |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING           |
| 4   | 1 - NOT INVOLVED              |
|   | 2 - INVOLVED-ACTIVE CROSSING  |
|   | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION   |                               |
| FROM 1 TO 2   |                               |
| 1 - NORTH 5 - NORTHEAST   |                               |
| 2 - SOUTH 6 - NORTHWEST   |                               |
| 3 - EAST 7 - SOUTHEAST  |                               |
| 4 - WEST 8 - SOUTHWEST  |                               |
| 9 - OTHER / UNKNOWN   |                               |
| UNIT SPEED  | DETECTED SPEED                |
| 40  | 1 - STATED / ESTIMATED SPEED  |
|   | 2 - CALCULATED / EDR          |
| POSTED SPEED  | 3 - UNDETERMINED              |
| 35  |                               |

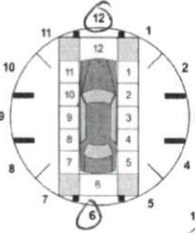
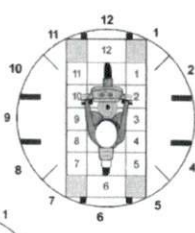
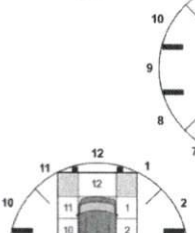
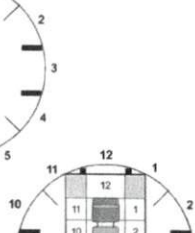
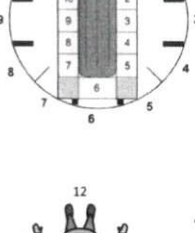
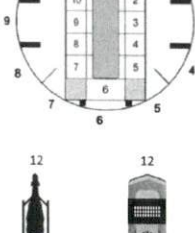
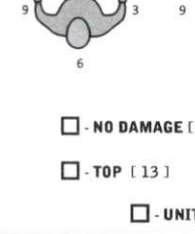



|   |   |  |   |   |                         |
|---|---|--|---|---|-------------------------|
| OWNER   | UNIT #<br>02  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) |   |                         |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |   |   |                         |
|   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  |   |   |                         |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |   |  |   |   |                         |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>HHX4118                         | VEHICLE IDENTIFICATION #<br>KMHC74AE0DU471498     | VEHICLE YEAR<br>2013  | VEHICLE MAKE<br>Hyundai |
|   | INSURANCE VERIFIED<br>X   | INSURANCE COMPANY<br>Geico                         | INSURANCE POLICY #<br>6101512009                  | COLOR<br>Gray   | VEHICLE MODEL<br>Accent |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | US DOT #  | TOWED BY: COMPANY NAME<br>Fox   |                         |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> 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.   |  |   |   |                         |
|   | UNIT TYPE<br>01   |  |   |   |                         |
|   | 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 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                      |  |   |   |                         |
|   | # OF TRAILING UNITS<br>0  |  |   |   |                         |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |  |   |   |                         |
|   | AUTONOMOUS MODE LEVEL<br>0  |  |   |   |                         |
| 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 11 - DUMP 14 - GARBAGE/REFUSE 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>5  |  |   |   |                         |
|   | 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 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |  |   |   |                         |
|   | ACTION<br>5   |  |   |   |                         |
|   | 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 1 - 1 CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS           |  |   |   |                         |
|   | CONTRIBUTING CIRCUMSTANCES<br>01  |  |   |   |                         |
|   | 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<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD<br>6 - IMPROPER TURN 12 - IMPROPER BACKING   |  |   |   |                         |
|   | SEQUENCE OF EVENTS<br>1 2 0   |  |   |   |                         |
|   | 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 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE                                   |  |   |   |                         |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>4   |  |   |   |                         |
|   | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |  |   |   |                         |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1  |   |  |   |   |                         |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>2 2 0 2 4 2 3 1   |  |
| DAMAGE<br>DAMAGE SCALE<br>4 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|  |  |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]<br><input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]<br><input type="checkbox"/> UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP   |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4  | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                      |  |
| UNIT SPEED<br>0 0  | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5  |  |



|          |   |  |   |   |               |
|----------|---|--|---|---|---------------|
| OWNER    | UNIT #  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) |   | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)                             |               |
|          | 03  |  |   |   |               |
| VEHICLE  | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  |  |   |   |               |
|          |   |  |   |   |               |
| EVENT(S) | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |   |               |
|          |   |  |   |   |               |
| VEHICLE  | LP STATE  | LICENSE PLATE #                                  | VEHICLE IDENTIFICATION #                    | VEHICLE YEAR  | VEHICLE MAKE  |
|          | OH  | HNH7419  | 5J6RM4H52DL048391                           | 2013  | Honda         |
| VEHICLE  | INSURANCE VERIFIED  | INSURANCE COMPANY                                | INSURANCE POLICY #                          | COLOR   | VEHICLE MODEL |
|          |   |  |   | Gray  | CRV           |
| VEHICLE  | TYPE OF USE   |  | US DOT #                                    | TOWED BY: COMPANY NAME  |               |
|          | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  |   | Marcell's   |               |
| VEHICLE  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT   |  | #OCCUPANTS                                  | HAZARDOUS MATERIAL  |               |
|          |   |  | 03  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |               |
| VEHICLE  | VEHICLE WEIGHT GVWR/GCWR  |  | CLASS # PLACARD ID #                        |   |               |
|          | 1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |   |   |               |
| VEHICLE  | UNIT TYPE   |  |   |   |               |
|          | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP                                   |  |   |   |               |
| VEHICLE  | # OF TRAILING UNITS   |  |   |   |               |
|          | 0   |  |   |   |               |
| VEHICLE  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   |  |   |   |               |
|          | 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0  |  |   |   |               |
| VEHICLE  | AUTONOMOUS MODE LEVEL   |  |   |   |               |
|          | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN   |  |   |   |               |
| VEHICLE  | SPECIAL FUNCTION  |  |   |   |               |
|          | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN   |  |   |   |               |
| VEHICLE  | CARGO BODY TYPE   |  |   |   |               |
|          | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  |  |   |   |               |
| VEHICLE  | VEHICLE DEFECTS   |  |   |   |               |
|          | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN  |  |   |   |               |
| VEHICLE  | NON-MOTORIST LOCATION AT IMPACT   |  |   |   |               |
|          | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN   |  |   |   |               |
| VEHICLE  | ACTION  |  |   |   |               |
|          | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 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                            |  |   |   |               |
| VEHICLE  | CONTRIBUTING CIRCUMSTANCES  |  |   |   |               |
|          | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION   |  |   |   |               |
| VEHICLE  | SEQUENCE OF EVENTS  |  |   |   |               |
|          | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 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 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT                             |  |   |   |               |
| VEHICLE  | COLLISION WITH FIXED OBJECT - STRUCK  |  |   |   |               |
|          | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 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 |  |   |   |               |
| VEHICLE  | FIRST HARMFUL EVENT   |  |   |   |               |
|          | 1   |  |   |   |               |
| VEHICLE  | MOST HARMFUL EVENT  |  |   |   |               |
|          | 1   |  |   |   |               |

|   |   |
|---|---|
| LOCAL REPORT NUMBER   |   |
| 2 2 0 2 4 2 3 1   |   |
| DAMAGE  |   |
| DAMAGE SCALE  |   |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN                                  |   |
| 4   |   |
| 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 1 - 12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP   |   |
| 0 6   |   |
| TRAFFIC   |   |
| TRAFFICWAY FLOW   | TRAFFIC CONTROL   |
| 1 - ONE-WAY 2 - TWO-WAY   | 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| 2   | 6   |
| # OF THROUGH LANES ON ROAD  | RAIL GRADE CROSSING   |
| 4   | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING       |
| 1   |   |
| UNIT / NON-MOTORIST DIRECTION   |   |
| 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |   |
| FROM 1 TO 2   |   |
| UNIT SPEED  | DETECTED SPEED  |
| 0   | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                |
| 0   | 1   |
| POSTED SPEED  |   |
| 3 5   |   |



|   |   |  |   |   |  |  |
|---|---|--|---|---|--|--|
| OWNER   | UNIT #<br>04  | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)   |   |  |  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  |  |   |   |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |   |   |  |  |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>JKA7636                         | VEHICLE IDENTIFICATION #<br>19XFC2F51JE001621   | VEHICLE YEAR<br>2018  | VEHICLE MAKE<br>Honda  |  |
|   | INSURANCE<br>VERIFIED   | INSURANCE COMPANY                                  | INSURANCE POLICY #  | COLOR<br>Black  | VEHICLE MODEL<br>Civic   |  |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #  | TOWED BY: COMPANY NAME  |  |  |
|   | <input type="checkbox"/> INTERLOCK<br>DEVICE<br>EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT             | #OCCUPANTS<br>01  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL<br>RELEASED <input type="checkbox"/> PLACARD |  |
|   | UNIT TYPE<br>01   |  | 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 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                      |   |  |  |
|   | # OF TRAILING UNITS<br>0  |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |   |  |  |
|   | AUTONOMOUS MODE LEVEL<br>0  |  | 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 99 - OTHER / UNKNOWN  |   |  |  |
|   | VEHICLE DEFECTS   |  | 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   |  | 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 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS   |   |  |  |
|   | ACTION<br>4   |  | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN  |   |  |  |
|   | CONTRIBUTING CIRCUMSTANCES<br>01  |  | 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<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  |   |  |  |
|   | SEQUENCE OF EVENTS  |  | NON-COLLISION<br>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 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE                  |   |  |  |
|   | COLLISION WITH FIXED OBJECT - STRUCK  |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |   |  |  |
|   | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT  |  |   |   |  |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>2 2 0 2 4 2 3 1   |  |
| DAMAGE<br>DAMAGE SCALE<br>3 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|  |  |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |  |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN  |  |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4  | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>3 5  |  |





# MOTORIST / Non-Motorist

LOCAL REPORT NUMBER  
2 2 0 2 4 2 3 1

|                 |   |                            |   |                           |  |  |                         |  |               |  |
|-----------------|---|----------------------------|---|---------------------------|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>Mitchell, James Bradley                        |                            |   |                           | DATE OF BIRTH<br>0 1 1 7 1 9 8 3   |  | AGE<br>3 9              | GENDER<br>M                              |               |  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>331 Ridgeview Ln. Maineville, OH 45039 |                            |   |                           | 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>0 4   | <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<br>O H | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED<br>333.03A                      |                           | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br>ACDA                      |                         | CITATION NUMBER<br>251011                |               |  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY<br>5 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|                 |  |                            |  |                           |  |  |                         |  |               |  |
|-----------------|--|----------------------------|--|---------------------------|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>Shamel, Devika Nicole                                   |                            |  |                           | DATE OF BIRTH<br>0 9 0 2 1 9 9 3   |  | AGE<br>2 8              | GENDER<br>F                              |               |  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>5424 Hamilton Ave. Apt. 23 Cincinnati, OH 45224 |                            |  |                           | CONTACT PHONE - INCLUDE AREA CODE  |  |                         |  |               |  |
| INJURIES<br>3   | INJURED TAKEN BY<br>2  | EMS AGENCY (NAME)<br>COFFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>UC West Chester |                           | SAFETY EQUIPMENT USED<br>0 4   | <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<br>O H | OPERATOR LICENSE NUMBER  |                            | OFFENSE CHARGED  |                           | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|                 |  |                            |   |                           |  |  |                         |  |               |  |
|-----------------|--|----------------------------|---|---------------------------|--|--|-------------------------|--|---------------|--|
| UNIT #<br>0 3   | NAME: LAST, FIRST, MIDDLE<br>Bello Perez, Isis                                       |                            |   |                           | DATE OF BIRTH<br>0 5 0 6 1 9 9 0   |  | AGE<br>3 1              | GENDER<br>F                              |               |  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>3938 Woodridge Blvd Apt 11, Fairfield, OH 45014 |                            |   |                           | 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>0 4   | <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<br>O H | OPERATOR LICENSE NUMBER  |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                          |               |  |
| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |

|   |  |                                    |                              |  |  |  |
|---|--|------------------------------------|------------------------------|--|--|--|
| 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 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID DL              | 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                           | OL ENDORSEMENT               | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | CONDITION  | 4 - BREATH                                     |
| SAFETY EQUIPMENT                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | DRUG TEST TYPE                                 |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    |                              | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | DRUG TEST RESULT(S)                            |
| 7 - BOOSTER SEAT                              |  |                                    | GENDER                       | 18 - OTHER   |  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                               |  |                                    | F - FEMALE                   |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    | M - MALE                     |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                      |  |                                    | U - OTHER / UNKNOWN          |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 2 4 2 3 1

| MOTORIST / NON-MOTORIST  | UNIT #<br>0 4  | NAME: LAST, FIRST, MIDDLE<br>Gonzalez, Joel A. |                              |  |  | DATE OF BIRTH<br>0 3 2 0 1 9 9 1               |  |  |                    | AGE<br>3 1   | GENDER<br>M  |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|--|--|--|------------------------------|--|--|--|--|--|--------------------|--|--------------|----------|------------------|---------|----------|-------------------|--------------------|-------------|-----------|---|------------------|-------------|------------------------------|--------------------|----------------|------------------------------|--------------------|--------------------|-------------|-------------------------|--|------------------|----------------------------|------------------------|-------------------|-------------|-----------------------|--|--|---------------------|---|--------------------------------|------------------------------|-----------------|---|-------------------------------|------------------------|---------------------|--------------------|--------------------|------------------------|--|---------------------------------|-------------------------|--|--|-----------------|----------------------------------|---------------|--------------------------|--|-------------------------|-----------------|--|----------------------------|--|----------|---------|---|-----------------|-----------------------|---------------------------------------|---|-----------|------------|--------------------|-----------------------|------------|-----------------------------------|---------------------|-----------|---------------------|------------------------|---------------------|----------------|-------------------------------|------------------|------------|-------------------------|--|--|--------------------|----------------------------|-----------------------|-----------|---------------|-----------------------------------|----------------|--|----------------------|-------------------------|-----------------------|-----------------------------|--|-----------------|---------------|--|--|----------|------------------------|---|------------------------------------|------------|-----------------------------|-------------|-----------|------------------------------|--------------------|-----------------------------------|----------|--|--|-----------|---|---|--|---------------------|---------------------|--|-----------|--|-------------------|--|--|---------------------|---------------------|----------------------------|------------------|----------------------|--|--|------------|--|------------------|-----------------|--|--|--|--|--|------------------|---|--|--|--|--|--|---------------------|--------------------------|--|--|--|--|--|------------------|---|--|--|--|--|--|-------------|----------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|--|-----------|--|--|--|--|--|--|----------------------|
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>100 Knollridge Ct. Apt. 201, Fairfield, OH 45014  |  |                              |  |  | 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>0 4                   | <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<br>O H  | OPERATOR LICENSE NUMBER<br>UX346333            |                              | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>         | OFFENSE DESCRIPTION                              |  | CITATION NUMBER    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL CLASS<br>4  | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT UP TO 3                     |                              | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST  | 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      |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  | 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        |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| MOTORIST / NON-MOTORIST  | 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      |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  | 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        |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <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"><b>INJURED TAKEN BY</b></td><td>6 - NO VALID DL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td><b>ALCOHOL TEST TYPE</b></td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>6 - SECOND - RIGHT SIDE</td><td colspan="2"><b>EJECTION</b></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>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>1 - NOT EJECTED</td><td><b>OL ENDORSEMENT</b></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>8 - THIRD - MIDDLE</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>9 - THIRD - RIGHT SIDE</td><td>3 - TOTALLY EJECTED</td><td>M - MOTORCYCLE</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td><b>CONDITION</b></td><td>4 - BREATH</td></tr><tr><td colspan="3"><b>SAFETY EQUIPMENT</b></td><td>4 - NOT APPLICABLE</td><td>11 - LIMITED TO EMPLOYMENT</td><td>1 - APPARENTLY NORMAL</td><td>5 - OTHER</td></tr><tr><td>1 - NONE USED</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td colspan="2"><b>TRAPPED</b></td><td>12 - LIMITED - OTHER</td><td>2 - PHYSICAL IMPAIRMENT</td><td><b>DRUG TEST TYPE</b></td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>1 - NOT TRAPPED</td><td><b>GENDER</b></td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td><td>1 - NONE</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>F - FEMALE</td><td>14 - MILITARY VEHICLES ONLY</td><td>4 - ILLNESS</td><td>2 - BLOOD</td></tr><tr><td>4 - SHOULDER &amp; LAP BELT USED</td><td>13 - TRAILING UNIT</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>M - MALE</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>3 - URINE</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td>U - OTHER / UNKNOWN</td><td>16 - OUTSIDE MIRROR</td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td>4 - OTHER</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>15 - NON-MOTORIST</td><td></td><td></td><td>17 - PROSTHETIC AID</td><td>9 - OTHER / UNKNOWN</td><td><b>DRUG TEST RESULT(S)</b></td></tr><tr><td>7 - BOOSTER SEAT</td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>18 - OTHER</td><td></td><td>1 - AMPHETAMINES</td></tr><tr><td>8 - HELMET USED</td><td></td><td></td><td></td><td></td><td></td><td>2 - BARBITURATES</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td></td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td></td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td></td><td></td><td></td><td>5 - COCAINE</td></tr><tr><td>99 - OTHER / UNKNOWN</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 | <b>INJURED TAKEN BY</b> |  |  | 6 - NO VALID DL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | <b>ALCOHOL TEST TYPE</b> | 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - SECOND - RIGHT SIDE | <b>EJECTION</b> |  | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE | 2 - EMS | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJECTED | <b>OL ENDORSEMENT</b> | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD | 3 - POLICE | 8 - THIRD - MIDDLE | 2 - PARTIALLY EJECTED | H - HAZMAT | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE | 9 - OTHER / UNKNOWN | 9 - THIRD - RIGHT SIDE | 3 - TOTALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO DAYLIGHT ONLY | <b>CONDITION</b> | 4 - BREATH | <b>SAFETY EQUIPMENT</b> |  |  | 4 - NOT APPLICABLE | 11 - LIMITED TO EMPLOYMENT | 1 - APPARENTLY NORMAL | 5 - OTHER | 1 - NONE USED | 10 - SLEEPER SECTION OF TRUCK CAB | <b>TRAPPED</b> |  | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | <b>DRUG TEST TYPE</b> | 2 - SHOULDER BELT ONLY USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED | <b>GENDER</b> | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 1 - NONE | 3 - LAP BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS | F - FEMALE | 14 - MILITARY VEHICLES ONLY | 4 - ILLNESS | 2 - BLOOD | 4 - SHOULDER & LAP BELT USED | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS | M - MALE | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - URINE | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  | U - OTHER / UNKNOWN | 16 - OUTSIDE MIRROR | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - OTHER | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 15 - NON-MOTORIST |  |  | 17 - PROSTHETIC AID | 9 - OTHER / UNKNOWN | <b>DRUG TEST RESULT(S)</b> | 7 - BOOSTER SEAT | 99 - OTHER / UNKNOWN |  |  | 18 - OTHER |  | 1 - AMPHETAMINES | 8 - HELMET USED |  |  |  |  |  | 2 - BARBITURATES | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |  |  |  | 3 - BENZODIAZEPINES | 10 - REFLECTIVE CLOTHING |  |  |  |  |  | 4 - CANNABINOIDS | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  |  |  |  | 5 - COCAINE | 99 - OTHER / UNKNOWN |  |  |  |  |  | 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                |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <b>INJURED TAKEN BY</b>  |  |  | 6 - NO VALID DL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   | 6 - SECOND - RIGHT SIDE  | <b>EJECTION</b>                                |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - EMS  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 1 - NOT EJECTED                                | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - POLICE   | 8 - THIRD - MIDDLE   | 2 - PARTIALLY EJECTED                          | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - OTHER / UNKNOWN  | 9 - THIRD - RIGHT SIDE   | 3 - TOTALLY EJECTED                            | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4 - BREATH                                     |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <b>SAFETY EQUIPMENT</b>  |  |  | 4 - NOT APPLICABLE           | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NONE USED  | 10 - SLEEPER SECTION OF TRUCK CAB  | <b>TRAPPED</b>                                 |                              | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SHOULDER BELT ONLY USED  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED                                | <b>GENDER</b>                | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)   | 1 - NONE                                       |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - LAP BELT ONLY USED   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - EXTRICATED BY MECHANICAL MEANS             | F - FEMALE                   | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - SHOULDER & LAP BELT USED   | 13 - TRAILING UNIT   | 3 - FREED BY NON-MECHANICAL MEANS              | M - MALE                     | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |  | U - OTHER / UNKNOWN          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL   | 4 - OTHER                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING   | 15 - NON-MOTORIST  |  |                              | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 7 - BOOSTER SEAT   | 99 - OTHER / UNKNOWN   |  |                              | 18 - OTHER   |  | 1 - AMPHETAMINES                               |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8 - HELMET USED  |  |  |                              |  |  | 2 - BARBITURATES                               |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  |  |  |                              |  |  | 3 - BENZODIAZEPINES                            |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 10 - REFLECTIVE CLOTHING   |  |  |                              |  |  | 4 - CANNABINOIDS                               |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  |  |  |                              |  |  | 5 - COCAINE                                    |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 99 - OTHER / UNKNOWN   |  |  |                              |  |  | 6 - OPIATES / OPIOIDS                          |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |  |  |                              |  |  | 7 - OTHER                                      |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |  |  |                              |  |  | 8 - NEGATIVE RESULTS                           |  |  |                    |  |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |                         |                 |  |                            |  |          |         |   |                 |                       |                                       |   |           |            |                    |                       |            |                                   |                     |           |                     |                        |                     |                |                               |                  |            |                         |  |  |                    |                            |                       |           |               |                                   |                |  |                      |                         |                       |                             |  |                 |               |  |  |          |                        |   |                                    |            |                             |             |           |                              |                    |                                   |          |  |  |           |   |   |  |                     |                     |  |           |  |                   |  |  |                     |                     |                            |                  |                      |  |  |            |  |                  |                 |  |  |  |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |





# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER                              |                  |                   |   |                                   |                          |                  |               |          |         |
|--|------------------|-------------------|---|-----------------------------------|--------------------------|------------------|---------------|----------|---------|
| 2  | 2                | 0                 | 2   | 4                                 | 2                        | 3                | 1             |          |         |
| DATE OF BIRTH                                    |                  |                   |   | AGE                               | GENDER                   |                  |               |          |         |
| 1  | 2                | 2                 | 2   | 2                                 | 0                        | 1                | 6             | 5        | M       |
| ADDRESS: STREET, CITY, STATE, ZIP                |                  |                   |   | CONTACT PHONE - INCLUDE AREA CODE |                          |                  |               |          |         |
| 100 Knollridge Ct. Apt. 201, Fairfield, OH 45014 |                  |                   |   |                                   |                          |                  |               |          |         |
| INJURIES   | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5  |                  |                   |   | 0 7                               | <input type="checkbox"/> | 0 5              | 0 1           | 1        | 1       |
| UNIT # NAME: LAST, FIRST, MIDDLE                 |                  |                   |   | DATE OF BIRTH                     |                          | AGE              | GENDER        |          |         |
| 3 Gonzalez, Ethan                                |                  |                   |   | 0 3 0 6 2 0 2 0                   |                          | 2                | M             |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP                |                  |                   |   | CONTACT PHONE - INCLUDE AREA CODE |                          |                  |               |          |         |
| 100 Knollridge Ct. Apt. 201, Fairfield, OH 45014 |                  |                   |   |                                   |                          |                  |               |          |         |
| INJURIES   | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5  |                  |                   |   | 0 5                               | <input type="checkbox"/> | 0 6              | 0 1           | 1        | 1       |
| UNIT # NAME: LAST, FIRST, MIDDLE                 |                  |                   |   | DATE OF BIRTH                     |                          | AGE              | GENDER        |          |         |
|  |                  |                   |   |                                   |                          | 0                |               |          |         |
| 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             | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|  |                  |                   |   |                                   | <input type="checkbox"/> |                  |               |          |         |
| UNIT # NAME: LAST, FIRST, MIDDLE                 |                  |                   |   | DATE OF BIRTH                     |                          | AGE              | GENDER        |          |         |
|  |                  |                   |   |                                   |                          | 0                |               |          |         |
| 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             | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|  |                  |                   |   |                                   | <input type="checkbox"/> |                  |               |          |         |
| UNIT # NAME: LAST, FIRST, MIDDLE                 |                  |                   |   | DATE OF BIRTH                     |                          | AGE              | GENDER        |          |         |
|  |                  |                   |   |                                   |                          | 0                |               |          |         |
| 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             | DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|  |                  |                   |   |                                   | <input type="checkbox"/> |                  |               |          |         |

| 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   |                              |

| EJECTION              | TRAPPED                            |
|-----------------------|------------------------------------|
| 1 - NOT EJECTED       | 1 - NOT TRAPPED                    |
| 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - TOTALLY EJECTED   | 3 - FREED BY NON-MECHANICAL MEANS  |
| 4 - NOT APPLICABLE    |                                    |

| INJURED TAKEN BY                       | GENDER              |
|--|---------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | F - FEMALE          |
| 2 - EMS                                | M - MALE            |
| 3 - POLICE                             | U - OTHER / UNKNOWN |
| 9 - OTHER / UNKNOWN                    |                     |

| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH | AGE                               | GENDER |        |
|-----------------------------------|---------------|-----------------------------------|--------|--------|
|                                   |               | 0                                 |        |        |
| ADDRESS: STREET, CITY, STATE, ZIP |               | CONTACT PHONE - INCLUDE AREA CODE |        |        |
|                                   |               |                                   |        |        |
| NAME: LAST, FIRST, MIDDLE         |               | DATE OF BIRTH                     | AGE    | GENDER |
|                                   |               |                                   | 0      |        |
| ADDRESS: STREET, CITY, STATE, ZIP |               | CONTACT PHONE - INCLUDE AREA CODE |        |        |
|                                   |               |                                   |        |        |
| NAME: LAST, FIRST, MIDDLE         |               | DATE OF BIRTH                     | AGE    | GENDER |
|                                   |               |                                   | 0      |        |
| ADDRESS: STREET, CITY, STATE, ZIP |               | CONTACT PHONE - INCLUDE AREA CODE |        |        |
|                                   |               |                                   |        |        |



|  |   |                            |
|--|---|----------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>22-024231 | REPORTING<br>AGENCY<br>Fairfield Police Department            | DATE OF ACCIDENT<br>4/5/22 |
| IN COUNTY OF<br>Butler                 | ACCIDENT<br>LOCATION<br>South Gilmore Rd. // Pepper Ridge Dr. |                            |

Diagram details:

- North arrow pointing up, labeled 'N'.
- Vertical road with four lanes (two in each direction).
- Horizontal road labeled 'Pepper Ridge Dr.' and 'South Gilmore Rd'.
- Sequence of four numbered boxes (1, 2, 3, 4) with downward arrows, indicating vehicle positions.
- '5' in a circle in the top right corner.
- 'Not To Scale' at the bottom right.

|                                       |                  |
|---------------------------------------|------------------|
| OFFICER'S SIGNATURE<br><i>S. Look</i> | BADGE NO.<br>153 |
|---------------------------------------|------------------|