



# 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 3 3 0 0 9  |  |   |  |  |  |
| 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 2  |  | UNIT IN ERROR<br>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>05102022 1716  |  | 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>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE NUMBER<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME<br>Camelot   |  | ROAD TYPE<br>D R   |  | LATITUDE DECIMAL DEGREES<br>39.327021   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>5466   |  | ROAD TYPE  |  | LONGITUDE DECIMAL DEGREES<br>-84.531144   |  |  |  |   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | DISTANCE FROM REFERENCE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |  |  |  |
| 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>0 1  |  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6  |  |  |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED, DEPRESSIONED MEDIAN<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>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN   |  | CONDITIONS<br>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   |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN  |  |
| 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 1 |  | NARRATIVE<br>On 5/10/22 at 5:16 P.M. unit 1 was traveling southbound on Camelot Drive near 5466. Unit 2 was traveling northbound on Camelot Drive near 5466. Unit 1 failed to maintain control of the vehicle and struck unit 2 on the rear drivers side of the vehicle.<br><br>In addition to failure to control (F.C.O. 331.34a) unit 1 was cited with OVI (F.C.O. 333.01a) and Driving without a Valid License (F.C.O. 335.072a)<br><br>See OH-2 |  |  |  |   |  |  |  |
| CRASH REPORTED DATE / TIME<br>05102022 1716   |  | DISPATCH DATE / TIME<br>05102022 1718  |  | ARRIVAL DATE / TIME<br>05102022 1722  |  | SCENE CLEARED DATE / TIME<br>05102022 1756   |  | 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 OHS) |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>3 4  |  | OTHER INVESTIGATION TIME<br>2 0  |  | TOTAL MINUTES<br>5 8  |  | OFFICER'S NAME*<br>N. Davis  |  | CHECKED BY OFFICER'S NAME*<br>8 7   |  | OFFICER'S BADGE NUMBER*<br>1 6 9   |  |



|          |   |  |  |
|----------|---|--|--|
| OWNER    | UNIT #<br>01  | 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)                                  |  |  |
| VEHICLE  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                  |
|          | LP STATE<br>OH  | LICENSE PLATE #<br>N377807                         | VEHICLE IDENTIFICATION #<br>5N1PE1C4AC4C1414242119           |
|          | INSURANCE VERIFIED  | INSURANCE COMPANY                                  | INSURANCE POLICY #   |
|          | TYPE OF USE<br>COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE                                  | US DOT #   | TOWED BY: COMPANY NAME<br>Fox                                |
|          | INTERLOCK DEVICE EQUIPPED   | 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>MATERIAL RELEASED CLASS # PLACARD ID # |
|          | UNIT TYPE<br>01   |  | VEHICLE MAKE<br>Hyundai                                      |
|          | VEHICLE YEAR<br>2012  |  | VEHICLE MODEL<br>Sonata                                      |
|          | COLOR<br>Black  |  |  |
|          | # OF TRAILING UNITS<br>0  |  |  |
| EVENT(S) | 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  |  |  |
|          | CARGO BODY TYPE<br>01   |  |  |
|          | VEHICLE DEFECTS   |  |  |
|          | NON-MOTORIST LOCATION AT IMPACT   |  |  |
|          | ACTION<br>3   |  |  |
|          | CONTRIBUTING CIRCUMSTANCES<br>99  |  |  |
|          | SEQUENCE OF EVENTS<br>120   |  |  |
|          | FIRST HARMFUL EVENT<br>1  |  | MOST HARMFUL EVENT<br>1                                      |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>22033009  |  |
| 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>13 - TOP 99 - UNKNOWN  |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br>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>2  |  |
| 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>55<br>POSTED SPEED<br>25   |  |
| DETECTED SPEED<br>1 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |  |



|   |  |  |   |  |                       |
|---|--|--|---|--|-----------------------|
| 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>EJN3320   | VEHICLE IDENTIFICATION #<br>JM3TB3BA1F0461867     | VEHICLE YEAR<br>2015                       | VEHICLE MAKE<br>Mazda |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED     | INSURANCE COMPANY<br>Nationwide  | INSURANCE POLICY #<br>9234J160672                 | COLOR<br>Gray                              | VEHICLE MODEL<br>CX-9 |
|   | <input type="checkbox"/> COMMERCIAL                        | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE    | TOWED BY: COMPANY NAME<br>Wayne's          |                       |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED         | <input type="checkbox"/> HIT/SKIP UNIT   | #OCCUPANTS<br>02                                  | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID # |                       |
|   | TYPE OF USE  |  | US DOT #  | VEHICLE WEIGHT GVWR/GCWR                   |                       |
|   | 1 - PASSENGER CAR  |  | 12 - GOLF CART                                    | 1 - <10K LBS.                              |                       |
|   | 2 - PASSENGER VAN (MINIVAN)                                |  | 13 - SNOWMOBILE                                   | 2 - 10,001 - 26K LBS.                      |                       |
|   | 3 - SPORT UTILITY VEHICLE                                  |  | 14 - SINGLE UNIT TRUCK                            | 3 - >26K LBS.                              |                       |
|   | 4 - PICK UP  |  | 15 - SEMI-TRACTOR                                 |  |                       |
|   | 5 - CARGO VAN  |  | 16 - FARM EQUIPMENT                               |  |                       |
| 6 - VAN (9-15 SEATS)  |  | 17 - MOTORHOME   |   |  |                       |
| # OF TRAILING UNITS<br>0                                      |  | 1 - PASSENGER CAR 2 - MOTORCYCLE 2-WHEELED 3 - MOTORCYCLE 3-WHEELED 4 - AUTOCYCLE 5 - MOPED OR MOTORIZED BICYCLE 6 - ALL TERRAIN VEHICLE (ATV / UTV)   |   |  |                       |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |  | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN  |   |  |                       |
| 1 - YES 2 - NO 9 - OTHER / UNKNOWN                            |  | AUTONOMOUS MODE LEVEL  |   |  |                       |
| 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  |   |  |                       |
| 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 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   |   |  |                       |
| NON-MOTORIST LOCATION AT IMPACT                               |  | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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   |   |  |                       |
| 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 |   |  |                       |
| 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  |   |  |                       |
| 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  |   |  |                       |
| FIRST HARMFUL EVENT   |  | MOST HARMFUL EVENT   |   |  |                       |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>2 2 0 3 3 0 0 9   |   |
| DAMAGE   |   |
| DAMAGE SCALE   |   |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN   |   |
| DAMAGED AREA(S)<br>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 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN  |   |
| 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 |
| # OF THROUGH LANES ON ROAD   | RAIL GRADE CROSSING   |
| 2  | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING       |
| UNIT / NON-MOTORIST DIRECTION  |   |
| FROM 2 TO 1  |   |
| UNIT SPEED   | DETECTED SPEED  |
| 25   | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                |
| POSTED SPEED   |   |
| 25   |   |



## Motorist / Non-Motorist

| LOCAL REPORT NUMBER  |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|--|--|--------------------------------|--|---|--|--|------------------|---------------|----------|---------|-----------------------|------------------|----------------|---------------------|-------------------|--|-----------------|------------------|---|------------------------------------|-------------|------------------------------|------------------------|-----------------------------------|------------------------------|---------------------|------------------------------|---------------|---|--|---|----------------------------|------------------------|-------------------|--|-----------------------|--|--|--|---|--------------------------------|------------------------------|----------------------------|--|-------------------------------|------------------------|---|--------------------|---------------------|------------------------|--|---------------------------------|------------------------------|-------------------------|---|-----------------|----------------------------------|---------------------|----------------------|--|---|--|--|----------------------------|--|--|--|--------------------|--|--|---------------------------------------|---|--|--|------------------------|--|--|-----------------------------------|---------------------|--|--|-----------------------------------|--|--|-------------------------------|--|--|--|--|--|--|----------------------------|--|--|--|---|--|--|----------------------|--|--|--|--------------------|--|--|--|--|--|--|---|--|--|-----------------------------|--|--|--|-------------------|--|--|--|--|--|--|----------------------|--|--|---------------------|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|------------|--|--|
| 2 2 0 3 3 0 0 9  |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| UNIT #   |  | NAME: LAST, FIRST, MIDDLE      |  |   |  | DATE OF BIRTH                                  |                  | AGE           | GENDER   |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 0 1  |  | Brents, Mashaya Lynn           |  |   |  | 1 2 2 1 1 9 9 8                                |                  | 2 3           | F        |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |                                |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 74 Woodsfield Ct. 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 1  | <input type="checkbox"/>                       | 0 1              | 1             | 1        | 1       |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL STATE   | OPERATOR LICENSE NUMBER  |                                | OFFENSE CHARGED  | LOCAL CODE  | OFFENSE DESCRIPTION  |  | CITATION NUMBER  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 0 H  |  |                                | 331.34A  | <input checked="" type="checkbox"/>   | Failure to Control   |  | 251286           |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3     | DRIVER DISTRACTED BY                                     | ALCOHOL / DRUG SUSPECTED  | CONDITION  | ALCOHOL TEST                                   |                  | DRUG TEST(S)  |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 6  |  |                                | 9  | <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 6  | STATUS   | TYPE             | VALUE         | STATUS   | TYPE    | RESULT SELECT UP TO 4 |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  |   |  | 2  | 1                |               | 1        | 1       |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| UNIT #   |  |                                |  |   |  | DATE OF BIRTH                                  |                  | AGE           | GENDER   |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 0 2  |  |                                |  |   |  | 0 8 0 5 1 9 8 6                                |                  | 3 5           | F        |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| NAME: LAST, FIRST, MIDDLE  |  |                                |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| Meiners, Megan Loraine   |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |                                |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 5249 Boehm Dr. 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 4  | <input type="checkbox"/>                       | 0 1              | 1             | 1        | 1       |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL STATE   | OPERATOR LICENSE NUMBER  |                                | OFFENSE CHARGED  | LOCAL CODE  | OFFENSE DESCRIPTION  |  | CITATION NUMBER  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 0 H  |  |                                |  | <input type="checkbox"/>  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3     | DRIVER DISTRACTED BY                                     | ALCOHOL / DRUG SUSPECTED  | CONDITION  | ALCOHOL TEST                                   |                  | DRUG TEST(S)  |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 4  |  |                                | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            | 1  | STATUS   | TYPE             | VALUE         | STATUS   | TYPE    | RESULT SELECT UP TO 4 |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  |   |  | 1  | 1                |               | 1        | 1       |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| UNIT #   |  |                                |  |   |  | DATE OF BIRTH                                  |                  | AGE           | GENDER   |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
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| NAME: LAST, FIRST, MIDDLE  |  |                                |  |   |  | CONTACT PHONE - INCLUDE AREA CODE              |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 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"/>                       |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL STATE   | OPERATOR LICENSE NUMBER  |                                | OFFENSE CHARGED  | LOCAL CODE  | OFFENSE DESCRIPTION  |  | CITATION NUMBER  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  | <input type="checkbox"/>  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3     | DRIVER DISTRACTED BY                                     | ALCOHOL / DRUG SUSPECTED  | CONDITION  | ALCOHOL TEST                                   |                  | DRUG TEST(S)  |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG            |  | STATUS   | TYPE             | VALUE         | 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></td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td></td></tr><tr><td></td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td></td><td></td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>8 - THIRD - MIDDLE</td><td></td><td></td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td></td></tr><tr><td></td><td>9 - THIRD - RIGHT SIDE</td><td></td><td></td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td></td><td></td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td></td><td></td></tr><tr><td></td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td></td><td></td><td>11 - LIMITED TO EMPLOYMENT</td><td></td><td></td></tr><tr><td></td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td></td><td></td><td>12 - LIMITED - OTHER</td><td></td><td></td></tr><tr><td></td><td>13 - TRAILING UNIT</td><td></td><td></td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td></td><td></td></tr><tr><td></td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td></td><td>14 - MILITARY VEHICLES ONLY</td><td></td><td></td></tr><tr><td></td><td>15 - NON-MOTORIST</td><td></td><td></td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td></td><td></td></tr><tr><td></td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>16 - OUTSIDE MIRROR</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>18 - OTHER</td><td></td><td></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 |                              | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN                    | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER       |                      |  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  |  | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE |  |  | 8 - THIRD - MIDDLE |  |  | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE |  |  | 9 - THIRD - RIGHT SIDE |  |  | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN |  |  | 10 - SLEEPER SECTION OF TRUCK CAB |  |  | 10 - LIMITED TO DAYLIGHT ONLY |  |  |  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |  | 11 - LIMITED TO EMPLOYMENT |  |  |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA |  |  | 12 - LIMITED - OTHER |  |  |  | 13 - TRAILING UNIT |  |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |  |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |  | 14 - MILITARY VEHICLES ONLY |  |  |  | 15 - NON-MOTORIST |  |  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES |  |  |  | 99 - OTHER / UNKNOWN |  |  | 16 - OUTSIDE MIRROR |  |  |  |  |  |  | 17 - PROSTHETIC AID |  |  |  |  |  |  | 18 - OTHER |  |  |
| 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                |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN         | 6 - NO VALID OL  | 6 - EXCEPT CLASS A & CLASS B BUS  | 6 - PASSENGER  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                |  | 7 - EXCEPT TRACTOR-TRAILER  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 8 - THIRD - MIDDLE   |                                |  | 8 - INTERMEDIATE LICENSE RESTRICTIONS   | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 9 - THIRD - RIGHT SIDE   |                                |  | 9 - LEARNER'S PERMIT RESTRICTIONS   | 9 - OTHER / UNKNOWN  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 10 - SLEEPER SECTION OF TRUCK CAB  |                                |  | 10 - LIMITED TO DAYLIGHT ONLY   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                |  | 11 - LIMITED TO EMPLOYMENT  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                                |  | 12 - LIMITED - OTHER  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 13 - TRAILING UNIT   |                                |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)                                    |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                |  | 14 - MILITARY VEHICLES ONLY   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 15 - NON-MOTORIST  |                                |  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  | 99 - OTHER / UNKNOWN   |                                |  | 16 - OUTSIDE MIRROR   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  | 17 - PROSTHETIC AID   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  |                                |  | 18 - OTHER  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| <table border="1"><thead><tr><th>INJURED TAKEN BY</th><th>EJECTION</th><th>OL ENDORSEMENT</th><th>CONDITION</th><th>DRUG TEST TYPE</th></tr></thead><tbody><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>1 - APPARENTLY NORMAL</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>2 - PHYSICAL IMPAIRMENT</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>4 - ILLNESS</td><td>4 - OTHER</td></tr><tr><td></td><td></td><td>Q - MOTOR SCOOTER</td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td></td></tr><tr><td></td><td></td><td>R - THREE-WHEEL MOTORCYCLE</td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td></td></tr><tr><td></td><td></td><td>S - SCHOOL BUS</td><td>9 - OTHER / UNKNOWN</td><td></td></tr><tr><td></td><td></td><td>T - DOUBLE &amp; TRIPLE TRAILERS</td><td></td><td></td></tr><tr><td></td><td></td><td>X - TANKER / HAZMAT</td><td></td><td></td></tr></tbody></table>  |  |                                |  |   |  |  |                  |               |          |         | INJURED TAKEN BY      | EJECTION         | OL ENDORSEMENT | CONDITION           | DRUG TEST TYPE    | 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED | H - HAZMAT       | 1 - APPARENTLY NORMAL                     | 1 - NONE                           | 2 - EMS     | 2 - PARTIALLY EJECTED        | M - MOTORCYCLE         | 2 - PHYSICAL IMPAIRMENT           | 2 - BLOOD                    | 3 - POLICE          | 3 - TOTALLY EJECTED          | P - PASSENGER | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 3 - URINE  | 9 - OTHER / UNKNOWN                         | 4 - NOT APPLICABLE         | N - TANKER             | 4 - ILLNESS       | 4 - OTHER                                |                       |  | Q - MOTOR SCOOTER                              | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. |   |                                |                              | R - THREE-WHEEL MOTORCYCLE | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |                               |                        |   | S - SCHOOL BUS     | 9 - OTHER / UNKNOWN |                        |  |                                 | T - DOUBLE & TRIPLE TRAILERS |                         |   |                 |                                  | X - TANKER / HAZMAT |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| INJURED TAKEN BY   | EJECTION   | OL ENDORSEMENT                 | CONDITION  | DRUG TEST TYPE  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   | 1 - NOT EJECTED  | H - HAZMAT                     | 1 - APPARENTLY NORMAL                                    | 1 - NONE  |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 2 - EMS  | 2 - PARTIALLY EJECTED  | M - MOTORCYCLE                 | 2 - PHYSICAL IMPAIRMENT                                  | 2 - BLOOD   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 3 - POLICE   | 3 - TOTALLY EJECTED  | P - PASSENGER                  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)        | 3 - URINE   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 9 - OTHER / UNKNOWN  | 4 - NOT APPLICABLE   | N - TANKER                     | 4 - ILLNESS  | 4 - OTHER   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  | Q - MOTOR SCOOTER              | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.                 |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  | R - THREE-WHEEL MOTORCYCLE     | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  | S - SCHOOL BUS                 | 9 - OTHER / UNKNOWN                                      |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  | T - DOUBLE & TRIPLE TRAILERS   |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
|  |  | X - TANKER / HAZMAT            |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
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| SAFETY EQUIPMENT   | TRAPPED  | GENDER                         | DRUG TEST RESULT(S)                                      |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 1 - NONE USED  | 1 - NOT TRAPPED  | F - FEMALE                     | 1 - AMPHETAMINES   |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 2 - SHOULDER BELT ONLY USED  | 2 - EXTRICATED BY MECHANICAL MEANS   | M - MALE                       | 2 - BARBITURATES   |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 3 - LAP BELT ONLY USED   | 3 - FREED BY NON-MECHANICAL MEANS  | U - OTHER / UNKNOWN            | 3 - BENZODIAZEPINES                                      |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 4 - SHOULDER & LAP BELT USED   |  |                                | 4 - CANNABINOIDS   |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  |  |                                | 5 - COCAINE  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING   |  |                                | 6 - OPIATES / OPIOIDS                                    |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 7 - BOOSTER SEAT   |  |                                | 7 - OTHER  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 8 - HELMET USED  |  |                                | 8 - NEGATIVE RESULTS                                     |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 10 - REFLECTIVE CLOTHING   |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |
| 99 - OTHER / UNKNOWN   |  |                                |  |   |  |  |                  |               |          |         |                       |                  |                |                     |                   |  |                 |                  |   |                                    |             |                              |                        |                                   |                              |                     |                              |               |   |  |   |                            |                        |                   |  |                       |  |  |  |   |                                |                              |                            |  |                               |                        |   |                    |                     |                        |  |                                 |                              |                         |   |                 |                                  |                     |                      |  |   |  |  |                            |  |  |  |                    |  |  |                                       |   |  |  |                        |  |  |                                   |                     |  |  |                                   |  |  |                               |  |  |  |  |  |  |                            |  |  |  |   |  |  |                      |  |  |  |                    |  |  |  |  |  |  |   |  |  |                             |  |  |  |                   |  |  |  |  |  |  |                      |  |  |                     |  |  |  |  |  |  |                     |  |  |  |  |  |  |            |  |  |





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 2 0 3 3 0 0 9

|          |   |  |                            |   |                                   |  |                         |                      |               |              |
|----------|---|--|----------------------------|---|-----------------------------------|--|-------------------------|----------------------|---------------|--------------|
| OCCUPANT | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>Meiners, Madeline |                            |   | DATE OF BIRTH<br>0 6 0 9 2 0 1 5  |  | AGE<br>6                | GENDER<br>F          |               |              |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>5249 Boehm Dr. Fairfield, OH 45014 |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE |  |                         |                      |               |              |
| OCCUPANT | INJURIES<br>4   | INJURED TAKEN BY<br>1                          | EMS AGENCY (NAME)<br>COFFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 7      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>0 1 | EJECTION<br>1 | TRAPPED<br>1 |
|          | UNIT #<br>NAME: LAST, FIRST, MIDDLE                                     |  |                            |   | DATE OF BIRTH                     |  | AGE<br>0                | GENDER               |               |              |
| OCCUPANT | 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      |
| OCCUPANT | UNIT #<br>NAME: LAST, FIRST, MIDDLE                                     |  |                            |   | DATE OF BIRTH                     |  | AGE<br>0                | GENDER               |               |              |
|          | ADDRESS: STREET, CITY, STATE, ZIP                                       |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE |  |                         |                      |               |              |
| OCCUPANT | 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      |
|          | UNIT #<br>NAME: LAST, FIRST, MIDDLE                                     |  |                            |   | DATE OF BIRTH                     |  | AGE<br>0                | GENDER               |               |              |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP                                       |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE |  |                         |                      |               |              |
|          | INJURIES  | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION        | AIR BAG USAGE        | EJECTION      | TRAPPED      |

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

|  |                       |
|--|-----------------------|
| <b>INJURED TAKEN BY</b>                | <b>EJECTION</b>       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED       |
| 2 - EMS                                | 2 - PARTIALLY EJECTED |
| 3 - POLICE                             | 3 - TOTALLY EJECTED   |
| 9 - OTHER / UNKNOWN                    | 4 - NOT APPLICABLE    |

|                     |                                    |
|---------------------|------------------------------------|
| <b>GENDER</b>       | <b>TRAPPED</b>                     |
| F - FEMALE          | 1 - NOT TRAPPED                    |
| M - MALE            | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS  |

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

|                           |           |                      |                             |                  |         |
|---------------------------|-----------|----------------------|-----------------------------|------------------|---------|
| LOCAL<br>REPORT<br>NUMBER | 22-033009 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 5/10/22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | Camelot Dr./5466            |                  |         |

  

5466

2

2

1

1

N

Not to Scale

OFFICER'S SIGNATURE

BADGE NO  
169