



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION   |  |  |   | LOCAL REPORT NUMBER*  |   |  |  |
|---|--|--|---|---|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |  | REPORTING AGENCY NAME*<br>Fairfield Police Department  |   | NCIC*   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  | NUMBER OF UNITS<br>0 2   |  |
| COUNTY*   | LOCALITY*  | LOCATION: CITY, VILLAGE, TOWNSHIP*   |   |   |   | CRASH DATE / TIME*<br>05 25 2022 16 32   |  |
| 0 9   | 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                                      | City of Fairfield  |   |   |   | CRASH SEVERITY<br>5  |  |
| LOCATION  | ROUTE TYPE   | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME<br>South Gilmore   | ROAD TYPE<br>R D  | LATITUDE DECIMAL DEGREES<br>39.301462  |  |
|   | ROUTE TYPE   | ROUTE NUMBER   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Omniplex   | ROAD TYPE<br>D R  | LONGITUDE DECIMAL DEGREES<br>-84.523756  |  |
| REFERENCE POINT   | DIRECTION FROM REFERENCE<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | 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 | ROUTE TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | ROAD TYPE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                     |  |
|   | DISTANCE FROM REFERENCE<br>2 7 5   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |   |   |   |  | NUMBER OF APPROACHES<br>4  |
| LOCATION OF FIRST HARMFUL EVENT   |  |  | MANNER OF CRASH COLLISION/IMPACT  |   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, 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  | CONDITIONS<br>1   | SURFACE<br>2   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN  |  | WEATHER<br>0 2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                    | 9 - OTHER/UNKNOWN   | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN   |  |
| NARRATIVE<br>On 5/25/22 at 4:32 P.M. unit 1 was traveling northbound on South Gilmore Road near Omniplex Drive. Unit 2 was also traveling northbound on South Gilmore Road near Omniplex Drive stopped at the traffic light. Unit 1 failed to maintain an assured clear distance ahead and struck unit 2 in the rear. |  |  |   |   |   |  |  |
| See OH-2  |  |  |   |   |   |  |  |
| CRASH REPORTED DATE / TIME<br>05 25 2022 16 32  |  |  |   | DISPATCH DATE / TIME<br>05 25 2022 16 33  | ARRIVAL DATE / TIME<br>05 25 2022 16 47   | SCENE CLEARED DATE / TIME<br>05 25 2022 17 07  | 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 (S)P) |
| TOTAL TIME ROADWAY CLOSED<br>0 0  |  | OTHER INVESTIGATION TIME<br>2 0  | TOTAL MINUTES<br>5 4  | OFFICER'S NAME*<br>N. Davis   |   | CHECKED BY OFFICER'S NAME*<br><i>S. Davis</i>  |  |
|   |  |  |   | OFFICER'S BADGE NUMBER*<br>1 6 9  |   | 8<br>CHECKED BY OFFICER'S BADGE NUMBER*  |  |



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

OWNER

VEHICLE

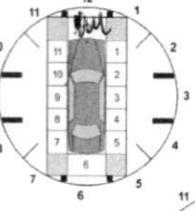
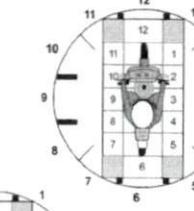
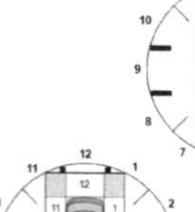
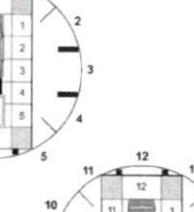
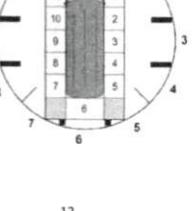
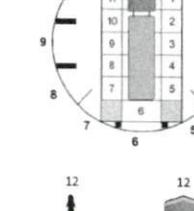
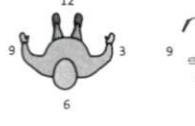
EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

|  |  |  |   |  |
|--|--|--|---|--|
| UNIT #   | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)  |  | OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)  |  |
| 0 1  |  |  |   |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)  |  |  |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |  |
| LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #   | VEHICLE YEAR  |  |
| O H  | HNH8302  | 5NPD84LF2JH390881  | 2018  |  |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY  | INSURANCE POLICY #   | VEHICLE MAKE  |  |
|  | USAA   | 0144333547104  | Hyundai   |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                      |  | US DOT #   | TOWED BY: COMPANY NAME  |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT   | #OCCUPANTS<br>0 1  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  |
| UNIT TYPE<br>0 1   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)                                      | 2 - WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED<br>BICYCLE<br>11 - ALL-TERRAIN VEHICLE (ATV / UTV)                                 | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                     | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| # OF TRAILING UNITS  |  |  |   |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  |  |
| AUTONOMOUS MODE LEVEL  |  |  |   |  |
| SPECIAL FUNCTION<br>0 1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS TRANSIT/COMMUTER   |  |  |   |  |
| 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   |  |  |   |  |
| 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>NON-MOTORIST LOCATION AT IMPACT  |  |  |   |  |
| 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN  |  |  |   |  |
| 1 - PRE-CRASH ACTIONS<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN   |  |  |   |  |
| 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN  |  |  |   |  |
| 1 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACD<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                   |  |  |   |  |
| 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY   |  |  |   |  |
| 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING   |  |  |   |  |
| 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER IMPROPER ACTION  |  |  |   |  |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |  |  |   |  |
| 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER     |  |  |   |  |
| 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT                              |  |  |   |  |
| 42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT   |  |  |   |  |
| 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                       |  |  |   |  |
| SEQUENCE OF EVENTS   |  |  |   |  |
| NON-COLLISION  |  |  |   |  |
| 1 2 0  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT   | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE               |  |
| COLLISION WITH FIXED OBJECT - STRUCK   |  |  |   |  |
| 4 1  | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT |  |

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



UNIT

OWNER

VEHICLE

EVENT(S)

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## **MOTORIST / Non-MOTORIST**

| UNIT #                                      |  | NAME: LAST, FIRST, MIDDLE        |   |  |  |                                     | DATE OF BIRTH                                    |                  |  | AGE                               | GENDER         |      |                       |   |          |   |         |   |
|---|--|----------------------------------|---|--|--|-------------------------------------|--|------------------|--|-----------------------------------|----------------|------|-----------------------|---|----------|---|---------|---|
| 0   | 1  | Morrisette, Matthew Jared        |   |  |  |                                     | 0  | 2                | 1  | 8                                 | 1              | 9    | 8                     | 2 | 4        | 0 | M       |   |
| ADDRESS: STREET, CITY, STATE, ZIP           |  |                                  |   |  |  |                                     |  |                  |  | CONTACT PHONE - INCLUDE AREA CODE |                |      |                       |   |          |   |         |   |
| 2768 Saturn Dr. Fairfield, OH 45014         |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| INJURIES                                    | INJURED TAKEN BY   | EMS AGENCY (NAME)                | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  |  | SAFETY EQUIPMENT USED               | 0  | 4                | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | 0              | 1    | AIR BAG USAGE         | 1 | EJECTION | 1 | TRAPPED | 1 |
| OL STATE                                    | OPERATOR LICENSE NUMBER  |                                  |   | OFFENSE CHARGED  |  | LOCAL CODE                          | OFFENSE DESCRIPTION                              |                  |  | CITATION NUMBER                   |                |      |                       |   |          |   |         |   |
| O H   | 1  |                                  |   | 333.03a  |  | <input checked="" type="checkbox"/> | ACDA   |                  |  | 251655                            |                |      |                       |   |          |   |         |   |
| 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   | <input type="checkbox"/> OTHER DRUG | 1  | STATUS           | TYPE   | VALUE                             | STATUS         | TYPE | RESULT SELECT UP TO 4 | 1 | 1        |   |         |   |
| UNIT #                                      |  | NAME: LAST, FIRST, MIDDLE        |   |  |  |                                     | DATE OF BIRTH                                    |                  |  | AGE                               | GENDER         |      |                       |   |          |   |         |   |
| 0   | 2  | Hildebrand, Timothy Alan         |   |  |  |                                     | 0  | 4                | 2  | 8                                 | 1              | 9    | 7                     | 6 | 4        | 6 | M       |   |
| ADDRESS: STREET, CITY, STATE, ZIP           |  |                                  |   |  |  |                                     |  |                  |  | CONTACT PHONE - INCLUDE AREA CODE |                |      |                       |   |          |   |         |   |
| 1246 Mill Pond Rd. Berne, Indiana 46711     |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| INJURIES                                    | INJURED TAKEN BY   | EMS AGENCY (NAME)                | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  |  | SAFETY EQUIPMENT USED               | 0  | 4                | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | 0              | 1    | AIR BAG USAGE         | 1 | EJECTION | 1 | TRAPPED | 1 |
| OL STATE                                    | OPERATOR LICENSE NUMBER  |                                  |   | OFFENSE CHARGED  |  | LOCAL CODE                          | OFFENSE DESCRIPTION                              |                  |  | CITATION NUMBER                   |                |      |                       |   |          |   |         |   |
| I N   |  |                                  |   |  |  | <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   | <input type="checkbox"/> OTHER DRUG | 1  | STATUS           | TYPE   | VALUE                             | STATUS         | TYPE | RESULT SELECT UP TO 4 | 1 | 1        |   |         |   |
| UNIT #                                      |  | NAME: LAST, FIRST, MIDDLE        |   |  |  |                                     | DATE OF BIRTH                                    |                  |  | AGE                               | GENDER         |      |                       |   |          |   |         |   |
|   |  |                                  |   |  |  |                                     |  |                  |  | 0                                 |                |      |                       |   |          |   |         |   |
| ADDRESS: STREET, CITY, STATE, ZIP           |  |                                  |   |  |  |                                     |  |                  |  | CONTACT PHONE - INCLUDE AREA CODE |                |      |                       |   |          |   |         |   |
|   |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| INJURIES                                    | INJURED TAKEN BY   | EMS AGENCY (NAME)                | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  |  | SAFETY EQUIPMENT USED               | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                                    | EJECTION                          | TRAPPED        |      |                       |   |          |   |         |   |
| OL STATE                                    | OPERATOR LICENSE NUMBER  |                                  |   | OFFENSE CHARGED  |  | LOCAL CODE                          | OFFENSE DESCRIPTION                              |                  |  | CITATION NUMBER                   |                |      |                       |   |          |   |         |   |
| I N   |  |                                  |   |  |  | <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)                                     |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  | 1   | <input type="checkbox"/> ALCOHOL   | <input type="checkbox"/> MARIJUANA   | <input type="checkbox"/> OTHER DRUG |  | STATUS           | TYPE   | RESULT                            | SELECT UP TO 4 | 1    | 1                     |   |          |   |         |   |
| INJURIES                                    |  | SEATING POSITION                 | AIR BAG   | OL CLASS   | OL RESTRICTION(S)  | DRIVER DISTRACTION                  | TEST STATUS                                      |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 1-FATAL                                     | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)  | 1-NOT DEPLOYED                   | 1-CLASS A                                       | 1-ALCOHOL INTERLOCK DEVICE   | 1-NOT DISTRACTED   | 1-NONE GIVEN                        |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 2-SUSPECTED SERIOUS INJURY                  | 2-FRONT-MIDDLE   | 2-DEPLOYED FRONT                 | 2-CLASS B                                       | 2-CDL INTRASTATE ONLY  | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED                      |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 3-SUSPECTED MINOR INJURY                    | 3-FRONT-RIGHT SIDE   | 3-DEPLOYED SIDE                  | 3-CLASS C                                       | 3-CORRECTIVE LENSES  | 3-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-TEST GIVEN, RESULTS KNOWN  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 5-NO APPARENT INJURY                        | 5-SECOND-MIDDLE  | 5-NOT APPLICABLE                 | 5-M/C MOPED ONLY                                | 5-EXCEPT CLASS A BUS   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   | 6-SECOND-RIGHT SIDE  | 9-DEPLOYMENT UNKNOWN             | 6-NO VALID OL                                   | 6-EXCEPT CLASS A & CLASS B BUS   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                  |   | 7-EXCEPT TRACTOR-TRAILER   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   | 8-THIRD-MIDDLE   |                                  |   | 8-INTERMEDIATE LICENSE RESTRICTIONS  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   | 9-THIRD-RIGHT SIDE   |                                  |   | 9-LEARNER'S PERMIT RESTRICTIONS  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   | 10-SLEEPER SECTION OF TRUCK CAB  |                                  |   | 10-LIMITED TO DAYLIGHT ONLY  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 11-LIMITED TO EMPLOYMENT   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 12-LIMITED-OTHER   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 14-MILITARY VEHICLES ONLY  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 16-OUTSIDE MIRROR  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 17-PROSTHETIC AID  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   | 18-OTHER   |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| INJURED TAKEN BY                            |  | EJECTION                         | OL ENDORSEMENT                                  | CONDITION  | DRUG TEST TYPE   |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 1-NOT TRANSPORTED /TREATED AT SCENE         | 1-NOT EJECTED  | H - HAZMAT                       | 1-NONE  |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 2-EMS                                       | 2-PARTIALLY EJECTED  | M - MOTORCYCLE                   | 2-BLOOD   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 3-POLICE                                    | 3-TOTALLY EJECTED  | P - PASSENGER                    | 3-URINE   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 9-OTHER / UNKNOWN                           | 4-NOT APPLICABLE   | N - TANKER                       | 4-BREATH  |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  | Q - MOTOR SCOOTER                | 5-OTHER   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  | R - THREE-WHEEL MOTORCYCLE       |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  | S - SCHOOL BUS                   |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  | T - DOUBLE & TRIPLE TRAILERS     |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  | X - TANKER / HAZMAT              |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
|   |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| SAFETY EQUIPMENT                            |  | TRAPPED                          | DRUG TEST RESULT(S)                             |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 1-NONE USED                                 | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1-NOT TRAPPED                    | 1-AMPHETAMINES                                  |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 2-SHOULDER BELT ONLY USED                   | 12-PASSENGER IN UNENCLOSED CARGO AREA  | 2-EXTRICATED BY MECHANICAL MEANS | 2-BARBITURATES                                  |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 3-LAP BELT ONLY USED                        | 13-TRAILING UNIT   | 3-FREED BY NON-MECHANICAL MEANS  | 3-BENZODIAZEPINES                               |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 4-SHOULDER & LAP BELT USED                  | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                  | 4-CANNABINOID                                   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   | 15-NON-MOTORIST  |                                  | 5-COCAIN  |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      | 99-OTHER / UNKNOWN   |                                  | 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                          |  |                                  |   |  |  |                                     |  |                  |  |                                   |                |      |                       |   |          |   |         |   |



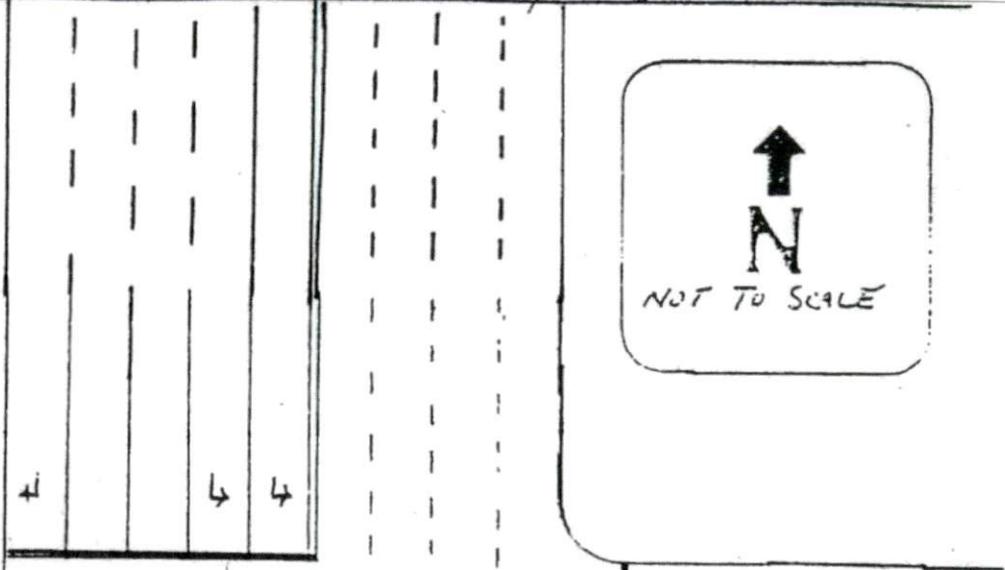
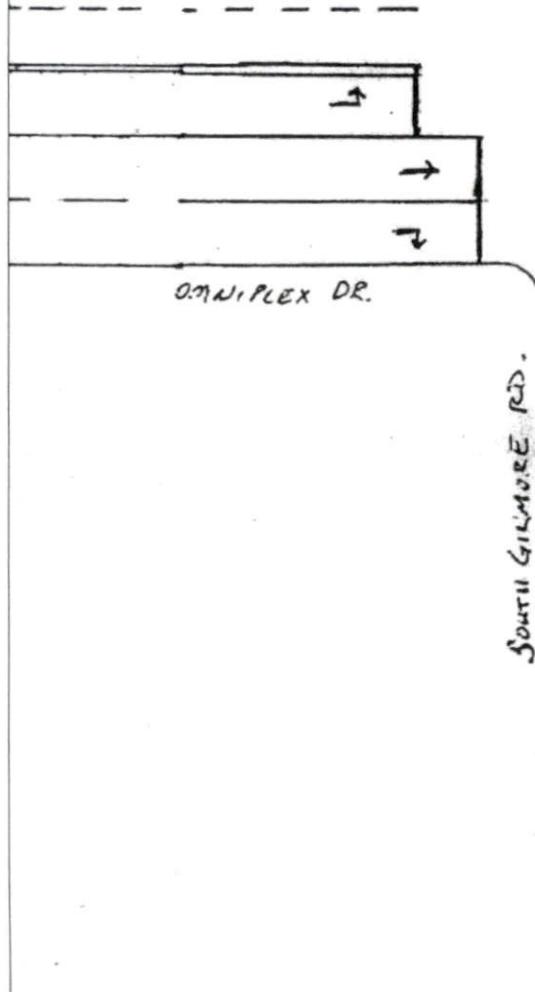
# OCCUPANT / WITNESS ADDENDUM

| OCCUPANT   | LOCAL REPORT NUMBER                           |   |   |  |  |                  |                  |               |               |                                   |             |    |   |
|--|---|---|---|--|--|------------------|------------------|---------------|---------------|-----------------------------------|-------------|----|---|
|  | UNIT #  | NAME: LAST, FIRST, MIDDLE                           |   |  | DATE OF BIRTH                                    |                  |                  | AGE           | GENDER        |                                   |             |    |   |
| 2  | Hildebrand, Alyssa                            |   |   | 0  | 4  | 0                | 5                | 1             | 9             | 8                                 | 1           | 41 | F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1246 Mill Pond Rd. Berne, Indiana 46711 |   |   |   |  |  |                  |                  |               |               | 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                           | 0 3 0 1 1 1 |    |   |
| 5  |   |   |   | 0 4  |  |                  | 0 3              | 0 1           | 1             | 1                                 |             |    |   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE                           |   |  | DATE OF BIRTH                                    |                  |                  | AGE           | GENDER        |                                   |             |    |   |
| 2  | Hildebrand, Adia                              |   |   | 0  | 1  | 2                | 7                | 2             | 0             | 1                                 | 0           | 12 | F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1246 Mill Pond Rd. Berne, Indiana 46711 |   |   |   |  |  |                  |                  |               |               | 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                           | 0 6 0 1 1 1 |    |   |
| 5  |   |   |   | 0 4  |  |                  | 0 6              | 0 1           | 1             | 1                                 |             |    |   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE                           |   |  | DATE OF BIRTH                                    |                  |                  | AGE           | GENDER        |                                   |             |    |   |
| 2  | Landis, Demi                                  |   |   | 0  | 9  | 0                | 8                | 2             | 0             | 0                                 | 9           | 12 | F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1246 Mill Pond Rd. Berne, Indiana 46711 |   |   |   |  |  |                  |                  |               |               | 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                           | 0 4 0 1 1 1 |    |   |
| 5  |   |   |   | 0 4  |  |                  | 0 4              | 0 1           | 1             | 1                                 |             |    |   |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE                           |   |  | DATE OF BIRTH                                    |                  |                  | AGE           | GENDER        |                                   |             |    |   |
| 2  | Rodeffer, Addy                                |   |   | 0  | 2  | 1                | 0                | 2             | 0             | 1                                 | 2           | 10 | F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1246 Mill Pond Rd. Berne, Indiana 46711 |   |   |   |  |  |                  |                  |               |               | 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                           | 0 7 0 1 1 1 |    |   |
| 5  |   |   |   | 0 4  |  |                  | 0 7              | 0 1           | 1             | 1                                 |             |    |   |
| 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                              |  |  |                  |                  |               |               |                                   |             |    |   |
| INJURED TAKEN BY   |   |   | 6 - CHILD RESTRAINT SYSTEM - REAR FACING        | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN                           |                  |                  |               |               |                                   |             |    |   |
| 1 - NOT TRANSPORTED /TREATED AT SCENE  | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)         |   |  |  |                  |                  |               |               |                                   |             |    |   |
| 2 - EMS  | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                  |   |  |  |                  |                  |               |               |                                   |             |    |   |
| 3 - POLICE   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE                              |   |  |  |                  |                  |               |               |                                   |             |    |   |
| 9 - OTHER / UNKNOWN  | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                   |   |  |  |                  |                  |               |               |                                   |             |    |   |
| GENDER   |   |   | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY        | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |                  |                  |               |               |                                   |             |    |   |
| F - FEMALE   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA             |   |  |  |                  |                  |               |               |                                   |             |    |   |
| M - MALE   |   | 13 - TRAILING UNIT                                  |   |  |  |                  |                  |               |               |                                   |             |    |   |
| U - OTHER / UNKNOWN  |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |   |  |  |                  |                  |               |               |                                   |             |    |   |
|  |   | 15 - NON-MOTORIST                                   |   |  |  |                  |                  |               |               |                                   |             |    |   |
|  |   | 99 - OTHER / UNKNOWN                                |   |  |  |                  |                  |               |               |                                   |             |    |   |
| NAME: LAST, FIRST, MIDDLE  |   |   | DATE OF BIRTH                                   |  |  | AGE              | GENDER           |               |               |                                   |             |    |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |   |   |  |  | 0                |                  |               |               |                                   |             |    |   |
| NAME: LAST, FIRST, MIDDLE  |   |   | DATE OF BIRTH                                   |  |  | AGE              | GENDER           |               |               |                                   |             |    |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |   |   |  |  | 0                |                  |               |               |                                   |             |    |   |
| NAME: LAST, FIRST, MIDDLE  |   |   | DATE OF BIRTH                                   |  |  | AGE              | GENDER           |               |               |                                   |             |    |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |   |   |  |  | 0                |                  |               |               |                                   |             |    |   |
| NAME: LAST, FIRST, MIDDLE  |   |   | DATE OF BIRTH                                   |  |  | AGE              | GENDER           |               |               |                                   |             |    |   |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |   |   |  |  | 0                |                  |               |               |                                   |             |    |   |



# OCCUPANT / WITNESS ADDENDUM

|  |  | LOCAL REPORT NUMBER<br>2 2 0 3 7 0 1 6                                       |  |   |   |                                   |   |        |   |
|--|--|--|--|---|---|-----------------------------------|---|--------|---|
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE<br>Hildebrand, Meg                                 |  |   | DATE OF BIRTH   | AGE                               | GENDER  |        |   |
|  |  | ADDRESS: STREET, CITY, STATE, ZIP<br>1246 Mill Pond Rd. Berne, Indiana 46711 |  |   | 0 6 0 8 2 0 1 2   | 9                                 | F   |        |   |
|  | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   |                                   |   |        |   |
|  | 5  |  |  |   | 0 4   |                                   |   |        |   |
|  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION   | AIR BAG USAGE  | EJECTION  | TRAPPED   | 0 9                               | 0 1   | 1      | 1 |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE  |  |   | DATE OF BIRTH   | AGE                               | GENDER  |        |   |
|  |  | ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |        |   |
|  | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   |                                   |   |        |   |
|  | 1  |  |  |   | 1   |                                   |   |        |   |
|  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION   | AIR BAG USAGE  | EJECTION  | TRAPPED   |                                   |   |        |   |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE  |  |   | DATE OF BIRTH   | AGE                               | GENDER  |        |   |
|  |  | ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |        |   |
|  | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   |                                   |   |        |   |
|  | 1  |  |  |   | 1   |                                   |   |        |   |
|  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION   | AIR BAG USAGE  | EJECTION  | TRAPPED   |                                   |   |        |   |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE  |  |   | DATE OF BIRTH   | AGE                               | GENDER  |        |   |
|  |  | ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   | CONTACT PHONE - INCLUDE AREA CODE |   |        |   |
|  | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED   |                                   |   |        |   |
|  | 1  |  |  |   | 1   |                                   |   |        |   |
|  | <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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |  |  | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |                                   | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |        |   |
| INJURED TAKEN BY   |  |  |  |   |   |                                   | EJECTION  |        |   |
| 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                    |  |  |  |   |   |                                   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |        |   |
| GENDER   |  |  |  |   |   |                                   | TRAPPED   |        |   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |  |  |  |   |   |                                   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |        |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                        |  |  |   |   | DATE OF BIRTH                     | AGE   | GENDER |   |
|  | ADDRESS: STREET, CITY, STATE, ZIP                |  |  |   |   |                                   | CONTACT PHONE - INCLUDE AREA CODE   |        |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                        |  |  |   |   | DATE OF BIRTH                     | AGE   | GENDER |   |
|  | ADDRESS: STREET, CITY, STATE, ZIP                |  |  |   |   |                                   | CONTACT PHONE - INCLUDE AREA CODE   |        |   |
| WITNESS  | NAME: LAST, FIRST, MIDDLE                        |  |  |   |   | DATE OF BIRTH                     | AGE   | GENDER |   |
|  | ADDRESS: STREET, CITY, STATE, ZIP                |  |  |   |   |                                   | CONTACT PHONE - INCLUDE AREA CODE   |        |   |

|   |                             |                           |
|---|-----------------------------|---------------------------|
| LOCAL REPORT NUMBER   | REPORTING AGENCY            | DATE OF ACCIDENT          |
| 22-037016   | Fairfield Police Department |                           |
| IN COUNTY OF<br>Butler  | ACCIDENT LOCATION           | S. Gilmore   Omniplex Dr. |
|     |                             |                           |
|      |                             |                           |
|  |                             |                           |
| OFFICER'S SIGNATURE   |                             | BADGE NO.<br>169          |