

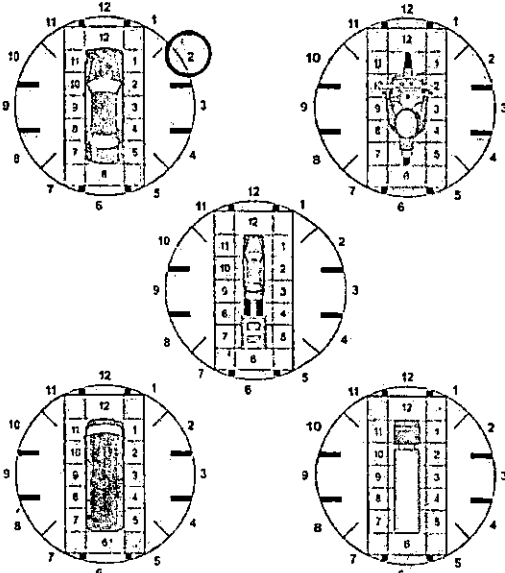


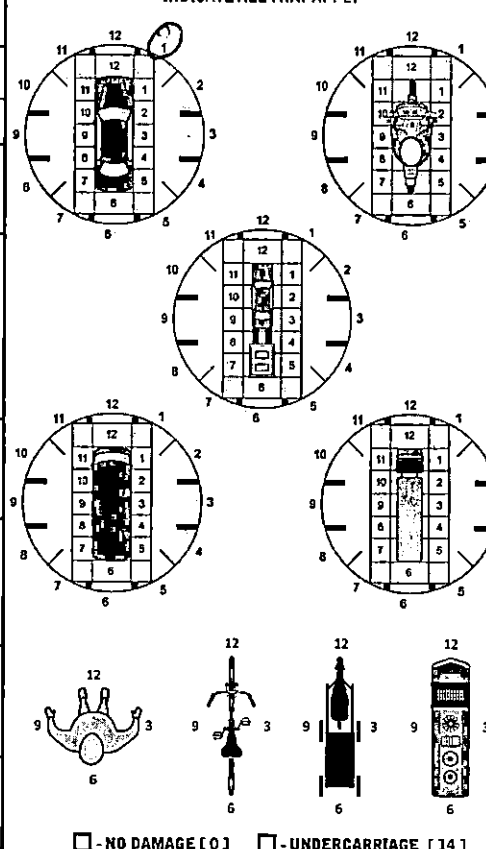
**\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT**

LOCAL REPORT NUMBER\*

HSY7001 OH1 1/19 [760-0820]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT #<br>011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER | OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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                                        |                                                                                   |                                                                                     |                                                                                                      |
| VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>EFL-8016                                                        | VEHICLE IDENTIFICATION #<br>3CZRU6H58JG726033                                     | VEHICLE YEAR<br>2018                                                                | VEHICLE MAKE<br>HONDA                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INSURANCE COMPANY<br>PROGRESSIVE                                                   | INSURANCE POLICY #<br>45728996                                                    | COLOR<br>GREEN                                                                      | VEHICLE MODEL<br>HR-V                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> COMMERCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> GOVERNMENT                                                | <input type="checkbox"/> IN EMERGENCY RESPONSE                                    | TOWED BY: COMPANY NAME                                                              |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> HIT/SKIP UNIT                                             | #OCCUPANTS<br>01                                                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AUTONOMOUS MODE LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| CARGO BODY TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 6 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| VEHICLE DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| CONTRIBUTING CIRCUMSTANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER PASSING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD<br>6 - IMPROPER TURN 12 - IMPROPER BACKING                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |
| FIRST HARMFUL EVENT MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   |                                                                                     |                                                                                                      |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>2 2 0 7 0 6 8 0                                                                                                                                                                                       |                                                                                                            |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                            |
| DAMAGE SCALE<br>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                                                                                                                                                                                                                      |                                                                                                            |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 4<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>20                                                                                                                                                                                                             | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br>35                                                                                                                                                                                                           |                                                                                                            |

| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | LOCAL REPORT NUMBER                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT # <u>012</u> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><u>MARTIN, CHRISTINE E.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>2, 2, 0, 7, 0, 6, 8, 0</u>                                                                                                                                                                  |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DAMAGE                                                                                                                                                                                         |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DAMAGE SCALE                                                                                                                                                                                   |  |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                         |  |
| LP STATE <u>OH</u> LICENSE PLATE # <u>JWE-8355</u> VEHICLE IDENTIFICATION # <u>3FAH1P1061Z1X71R115610179</u> VEHICLE YEAR <u>210017</u> VEHICLE MAKE <u>FORD</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                     |  |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED INSURANCE COMPANY <u>LIBERTY MUTUAL</u> INSURANCE POLICY # <u>AOV28154219040</u> COLOR <u>BLUE</u> VEHICLE MODEL <u>FUSION</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                            |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>02</u> VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |
| UNIT TYPE<br><u>01</u><br>1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP                                                                            |  |                                                                                                                                                                                                |  |
| # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>02</u><br>1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                |  |
| AUTONOMOUS MODE LEVEL<br><u>01</u><br>1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                |  |
| CARGO BODY TYPE<br><u>01</u><br>1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN<br>11 - DUMP 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                |  |
| VEHICLE DEFECTS<br><u>01</u><br>1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                |  |
| NON-MOTORIST LOCATION AT IMPACT<br><u>03</u><br>1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - TOP<br>5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                              |  | INITIAL POINT OF CONTACT<br><u>01</u><br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                   |  |
| ACTION<br><u>03</u><br>1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING <u>01</u> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST<br>4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN                                                                                                                                |  | TRAFFIC<br>TRAFFICWAY FLOW<br><u>2</u><br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br><u>6</u><br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |  |
| CONTRIBUTING CIRCUMSTANCES<br><u>01</u><br>1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONGWAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - PARKED MOTORVEHICLE<br>6 - IMPROPER TURN 12 - IMPROPER BACKING                                                                                   |  | # OF THROUGH LANES ON ROAD<br><u>2</u><br>RAIL GRADE CROSSING<br><u>1</u><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                 |  |
| SEQUENCE OF EVENTS<br><u>120</u><br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE                                                              |  | UNIT / NON-MOTORIST DIRECTION<br>FROM <u>1</u> TO <u>2</u><br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN    |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br><u>1</u><br>25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |  | UNIT SPEED<br><u>25</u><br>POSTED SPEED<br><u>35</u><br>DETECTED SPEED<br><u>1</u><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                 |  |
| FIRST HARMFUL EVENT <u>1</u> MOST HARMFUL EVENT <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 7 0 6 8 0

|                                                                                     |                                                |                                   |                                                 |                                                                                                                                        |                                                   |                                                  |                                          |                           |                                                          |              |
|-------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|------------------------------------------|---------------------------|----------------------------------------------------------|--------------|
| UNIT #<br>0 1                                                                       | NAME: LAST, FIRST, MIDDLE<br>OMALLEY, KAREN G. |                                   |                                                 |                                                                                                                                        | DATE OF BIRTH<br>0 3 1 1 1 9 6 1                  |                                                  | AGE<br>6 1                               | GENDER<br>F               |                                                          |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>8429 WATERLEAF LN. WEST CHESTER, OH 45069-5888 |                                                |                                   |                                                 |                                                                                                                                        | CONTACT PHONE - INCLUDE AREA CODE                 |                                                  |                                          |                           |                                                          |              |
| INJURIES<br>5                                                                       | INJURED TAKEN BY                               | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                                        | SAFETY EQUIPMENT USED<br>0 4                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                  | AIR BAG USAGE<br>1        | EJECTION<br>1                                            | TRAPPED<br>1 |
| OL STATE<br>O H                                                                     | OPERATOR LICENSE NUMBER                        |                                   | OFFENSE CHARGED<br>331.17 (A)                   |                                                                                                                                        | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>FAILURE TO YIELD          |                                          | CITATION NUMBER<br>254837 |                                                          |              |
| OL CLASS<br>4                                                                       | ENDORSEMENT SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3<br>0 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                   | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                           | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|                                                                                  |                                                    |                                   |                                                 |                                                                                                                                        |                                        |                                                  |                                          |                    |                                                          |              |
|----------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|------------------------------------------|--------------------|----------------------------------------------------------|--------------|
| UNIT #<br>0 2                                                                    | NAME: LAST, FIRST, MIDDLE<br>MARTIN, MCKENNA RENEE |                                   |                                                 |                                                                                                                                        | DATE OF BIRTH<br>0 8 2 0 2 0 0 5       |                                                  | AGE<br>1 7                               | GENDER<br>F        |                                                          |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>571 BLACKBURN AVE. FAIRFIELD, OH 45014-1669 |                                                    |                                   |                                                 |                                                                                                                                        | CONTACT PHONE - INCLUDE AREA CODE      |                                                  |                                          |                    |                                                          |              |
| INJURIES<br>5                                                                    | INJURED TAKEN BY                                   | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                                        | SAFETY EQUIPMENT USED<br>0 4           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                  | AIR BAG USAGE<br>1 | EJECTION<br>1                                            | TRAPPED<br>1 |
| OL STATE<br>O H                                                                  | OPERATOR LICENSE NUMBER                            |                                   | OFFENSE CHARGED                                 |                                                                                                                                        | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                              |                                          | CITATION NUMBER    |                                                          |              |
| OL CLASS<br>4                                                                    | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3<br>0 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                        | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|                                   |                            |                            |                                                 |                                                                                                                                        |                                        |                                                  |                                   |                 |                                                   |         |
|-----------------------------------|----------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-----------------------------------|-----------------|---------------------------------------------------|---------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            |                                                 |                                                                                                                                        | DATE OF BIRTH                          |                                                  | AGE<br>0                          | GENDER          |                                                   |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |                                                 |                                                                                                                                        | CONTACT PHONE - INCLUDE AREA CODE      |                                                  |                                   |                 |                                                   |         |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                                                        | SAFETY EQUIPMENT USED                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE   | EJECTION                                          | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 |                                                                                                                                        | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                              |                                   | CITATION NUMBER |                                                   |         |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                        | CONDITION                                        | ALCOHOL TEST<br>STATUS TYPE VALUE |                 | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

| 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 - MVC MOPED ONLY           | 5 - EXCEPT CLASS A BUS       | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                         | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| INJURED TAKEN BY                              |                                               | EJECTION                           |                              | OL ENDORSEMENT               |                                                                                      | ALCOHOL 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                                     |
| SAFETY EQUIPMENT                              |                                               | TRAPPED                            |                              | Q - MOTOR SCOOTER            |                                                                                      | 5 - OTHER                                      |
| 1 - NONE USED                                 |                                               | 1 - NOT TRAPPED                    |                              | R - THREE-WHEEL MOTORCYCLE   |                                                                                      | DRUG TEST TYPE                                 |
| 2 - SHOULDER BELT ONLY USED                   |                                               | 2 - EXTRICATED BY MECHANICAL MEANS |                              | S - SCHOOL BUS               |                                                                                      | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        |                                               | 3 - FREED BY NON-MECHANICAL MEANS  |                              | T - DOUBLE & TRIPLE TRAILERS |                                                                                      | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  |                                               |                                    |                              | X - TANKER / HAZMAT          |                                                                                      | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                                               |                                    |                              |                              |                                                                                      | 4 - BREATH                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                                               |                                    |                              |                              |                                                                                      | 5 - OTHER                                      |
| 7 - BOOSTER SEAT                              |                                               |                                    |                              |                              |                                                                                      | DRUG TEST RESULT(S)                            |
| 8 - HELMET USED                               |                                               |                                    |                              |                              |                                                                                      | 1 - AMPHETAMINES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                                               |                                    |                              |                              |                                                                                      | 2 - BARBITURATES                               |
| 10 - REFLECTIVE CLOTHING                      |                                               |                                    |                              |                              |                                                                                      | 3 - BENZODIAZEPINES                            |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                                               |                                    |                              |                              |                                                                                      | 4 - CANNABINOIDS                               |
| 99 - OTHER / UNKNOWN                          |                                               |                                    |                              |                              |                                                                                      | 5 - COCAINE                                    |
|                                               |                                               |                                    |                              |                              |                                                                                      | 6 - OPIATES / OPIOIDS                          |
|                                               |                                               |                                    |                              |                              |                                                                                      | 7 - OTHER                                      |
|                                               |                                               |                                    |                              |                              |                                                                                      | 8 - NEGATIVE RESULTS                           |

| CONDITION                                                | DRUG TEST TYPE |
|----------------------------------------------------------|----------------|
| 1 - APPARENTLY NORMAL                                    | 1 - NONE       |
| 2 - PHYSICAL IMPAIRMENT                                  | 2 - BLOOD      |
| 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)         | 3 - URINE      |
| 4 - ILLNESS                                              | 4 - BREATH     |
| 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.                 | 5 - OTHER      |
| 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |                |
| 9 - OTHER / UNKNOWN                                      |                |



# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER                         |                           |                                   |                                                 |
|---------------------------------------------|---------------------------|-----------------------------------|-------------------------------------------------|
| 2 2 0 7 0 6 8 0                             |                           |                                   |                                                 |
| UNIT #                                      | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE                                             |
| 2                                           | LEROY, JOSEPH CHRISTOPHER | 1 1 2 5 2 0 0 5                   | 1 6                                             |
| ADDRESS: STREET, CITY, STATE, ZIP           |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |
| 571 BLACKBURN AVE. FAIRFIELD, OH 45014-1669 |                           |                                   |                                                 |
| INJURIES                                    | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |
| 5                                           |                           |                                   |                                                 |
| SAFETY EQUIPMENT USED                       |                           | DOT-COMPLIANT MC HELMET           | SEATING POSITION                                |
| 0 4                                         |                           | <input type="checkbox"/>          | 0 3                                             |
|                                             |                           | AIR BAG USAGE                     | EJECTION                                        |
|                                             |                           | 0 1                               | 1                                               |
|                                             |                           | TRAPPED                           |                                                 |
|                                             |                           | 1                                 |                                                 |
| UNIT #                                      | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE                                             |
|                                             |                           |                                   | 0                                               |
| ADDRESS: STREET, CITY, STATE, ZIP           |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |
|                                             |                           |                                   |                                                 |
| INJURIES                                    | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |
|                                             |                           |                                   |                                                 |
| SAFETY EQUIPMENT USED                       |                           | DOT-COMPLIANT MC HELMET           | SEATING POSITION                                |
|                                             |                           | <input type="checkbox"/>          |                                                 |
|                                             |                           | AIR BAG USAGE                     | EJECTION                                        |
|                                             |                           |                                   |                                                 |
|                                             |                           | TRAPPED                           |                                                 |
|                                             |                           |                                   |                                                 |
| UNIT #                                      | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE                                             |
|                                             |                           |                                   | 0                                               |
| ADDRESS: STREET, CITY, STATE, ZIP           |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |
|                                             |                           |                                   |                                                 |
| INJURIES                                    | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |
|                                             |                           |                                   |                                                 |
| SAFETY EQUIPMENT USED                       |                           | DOT-COMPLIANT MC HELMET           | SEATING POSITION                                |
|                                             |                           | <input type="checkbox"/>          |                                                 |
|                                             |                           | AIR BAG USAGE                     | EJECTION                                        |
|                                             |                           |                                   |                                                 |
|                                             |                           | TRAPPED                           |                                                 |
|                                             |                           |                                   |                                                 |
| UNIT #                                      | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE                                             |
|                                             |                           |                                   | 0                                               |
| ADDRESS: STREET, CITY, STATE, ZIP           |                           | CONTACT PHONE - INCLUDE AREA CODE |                                                 |
|                                             |                           |                                   |                                                 |
| INJURIES                                    | INJURED TAKEN BY          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |
|                                             |                           |                                   |                                                 |
| SAFETY EQUIPMENT USED                       |                           | DOT-COMPLIANT MC HELMET           | SEATING POSITION                                |
|                                             |                           | <input type="checkbox"/>          |                                                 |
|                                             |                           | 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                                                                   |                              |

| EJECTION              |
|-----------------------|
| 1 - NOT EJECTED       |
| 2 - PARTIALLY EJECTED |
| 3 - TOTALLY EJECTED   |
| 4 - NOT APPLICABLE    |

| TRAPPED                            |
|------------------------------------|
| 1 - NOT TRAPPED                    |
| 2 - EXTRICATED BY MECHANICAL MEANS |
| 3 - FREED BY NON-MECHANICAL MEANS  |

| INJURED TAKEN BY                       |
|----------------------------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE |
| 2 - EMS                                |
| 3 - POLICE                             |
| 9 - OTHER / UNKNOWN                    |

| GENDER              |
|---------------------|
| F - FEMALE          |
| M - MALE            |
| U - OTHER / UNKNOWN |

|                           |           |                      |                             |                  |          |
|---------------------------|-----------|----------------------|-----------------------------|------------------|----------|
| LOCAL<br>REPORT<br>NUMBER | 22-070680 | REPORTING<br>AGENCY  | Fairfield Police Department | DATE OF ACCIDENT | 09-28-22 |
| IN COUNTY OF              | Butler    | ACCIDENT<br>LOCATION | 8871 North Gilmore Rd.      |                  |          |

8871

North Gilmore Rd.

Not To Scale

#2

#1

OFFICER'S SIGNATURE

P.O. RYAN FLEENOR

BADGE NO.

117