



## TRAFFIC CRASH REPORT

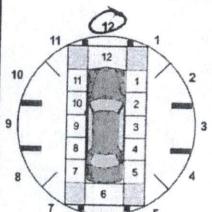
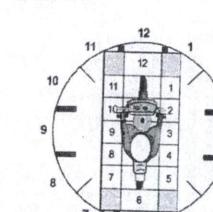
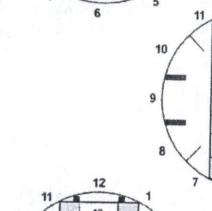
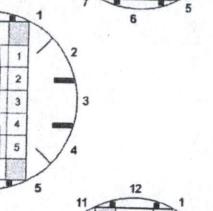
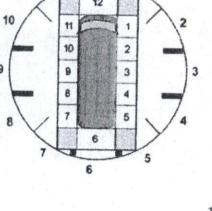
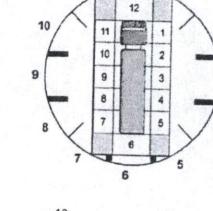
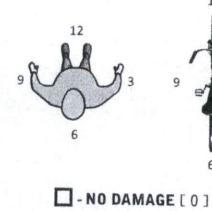
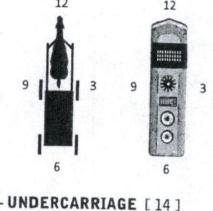
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|   |  |  |  |  |                 |   |  |                        |
|---|--|--|--|--|-----------------|---|--|------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN  |  | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3   | LOCAL INFORMATION  |                 | LOCAL REPORT NUMBER*                          |  |                        |
| <input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-1P  | <input type="checkbox"/> OTHER   | REPORTING AGENCY NAME*   |                 | NCIC*   | 2 2 0 7 5 4 9 9  |                        |
|   |  |  |  | Fairfield Police Department  |                 | 0,0,9,0,1                                     | HIT/SKIP<br>1-SOLVED<br>2-UNRESOLVED   | NUMBER OF UNITS<br>0 4 |
| COUNTY*   | LOCALITY*  | LOCATION: CITY, VILLAGE, TOWNSHIP*   |  | City of Fairfield  |                 | CRASH DATE / TIME*                            | UNIT IN ERROR<br>0 1<br>98-ANIMAL<br>99-UNKNOWN  |                        |
| 0 9   | 1<br>2-VILLAGE<br>3-TOWNSHIP   |  |  |  |                 | 10152022 1706                                 | CRASH SEVERITY<br>3<br>1-FATAL<br>2-SERIOUS INJURY SUSPECTED<br>3-MINOR INJURY SUSPECTED<br>4-INJURY POSSIBLE<br>5-PROPERTY DAMAGE ONLY  |                        |
| ROUTE TYPE<br>S R   | ROUTE NUMBER<br>4  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | LOCATION ROAD NAME   |  | ROAD TYPE       | LATITUDE DECIMAL DEGREES<br>3 9 3 2 3 2 0 5   |  |                        |
| ROUTE TYPE  | ROUTE NUMBER   | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>6347  |  | ROAD TYPE       | LONGITUDE DECIMAL DEGREES<br>-8 4 5 0 5 0 4 7 |  |                        |
| REFERENCE POINT<br>3  | DIRECTION FROM REFERENCE<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE # | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |                 |   | NUMBER OF APPROACHES<br>0 4  |                        |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE<br>1-MILES<br>2- FEET<br>3-YARDS              |  |  | ROADWAY  |                 |   |  |                        |
| LOCATION OF FIRST HARMFUL EVENT<br>0 1<br>1-ON ROADWAY<br>2-ON SHOULDER<br>3-IN MEDIAN<br>4-ON ROADSIDE<br>5-ON GORE<br>6-OUTSIDE TRAFFIC WAY<br>7-ON RAMP<br>8-OFF RAMP  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1- NOT COLLISION<br>2- REAR-END<br>3- HEAD-ON  | ROADWAY DIVIDED  |                 |   | MEDIAN TYPE<br>1-DIVIDED FLUSH MEDIAN (<4 FEET)<br>2-DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3-DIVIDED, DEPRESSED MEDIAN<br>4-DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9- OTHER/UNKNOWN            |                        |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1-LANE CLOSURE<br>2-LANE SHIFT/CROSSOVER<br>3-WORK ON SHOULDER OR MEDIAN<br>4-INTERMITTENT OR MOVING WORK<br>5- OTHER            | LOCATION OF CRASH IN WORK ZONE<br>1-BEFORE THE 1ST WORK ZONE<br>2-ADVANCE WARNING AREA<br>3-TRANSITION AREA<br>4-ACTIVITY AREA<br>5-TERMINATION AREA   | CONTOUR<br>1   | CONDITIONS<br>1 | SURFACE<br>2                                  |  |                        |
| LIGHT CONDITION<br>1<br>2-DAYLIGHT<br>2-DAWN/DUSK<br>3-DARK - LIGHTED ROADWAY<br>4-DARK - ROADWAY NOT LIGHTED<br>5-DARK - UNKNOWN ROADWAY LIGHTING<br>9- OTHER / UNKNOWN  |  | WEATHER<br>0 1<br>1-CLEAR<br>2-CLOUDY<br>3-FOG, SMOG, SMOKE<br>4-RAIN<br>5-SLEET, HAIL   | 1- DRY<br>2-WET<br>3-SNOW<br>4-ICE<br>5-SAND, MUD, DIRT, OIL, GRAVEL<br>6-WATER (STANDING, MOVING)<br>7-SLUSH<br>9- OTHER/ UNKNOWN   | 9- OTHER/UNKNOWN   |                 |   |  |                        |
| NARRATIVE<br>On 10/15/2022 at about 5:06 PM, Unit 1 was traveling southeast on S.R. 4 and when at Ross Rd. failed to stop within the assured clear distance ahead and collided with Unit 2, which was also traveling southeast and was stopped in traffic. This caused Unit 2 to collide with Unit 3, which was also traveling southeast, and stopped in traffic. This caused Unit 3 to collide with Unit 4, which was also traveling southeast and stopped in traffic.<br><br>The driver of Unit 1 was also cited for DUS Failure to Reinstate F.C.O. - 335.073(A).<br><br>The passenger of Unit 1 fled the scene on foot prior to officers arrival. |  |  |  |  |                 |   | See OH-2   |                        |
| CRASH REPORTED DATE / TIME<br>10152022 1706   |  | DISPATCH DATE / TIME<br>10152022 1708  |  | ARRIVAL DATE / TIME<br>10152022 1710   |                 | SCENE CLEARED DATE / TIME<br>10152022 1807    | REPORT TAKEN BY  |                        |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>0  | TOTAL MINUTES<br>0 5 9   | OFFICER'S NAME*<br>S. Cook   |                 | CHECKED BY OFFICER'S NAME*<br>S. Cook         | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |                        |
|   |  |  |  | OFFICER'S BADGE NUMBER*<br>1 5 3   |                 | CHECKED BY OFFICER'S BADGE NUMBER*<br>8 7     |  |                        |

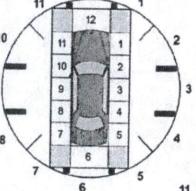
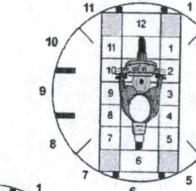
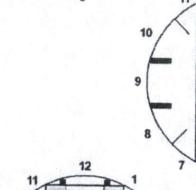
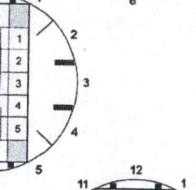
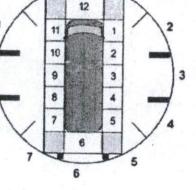
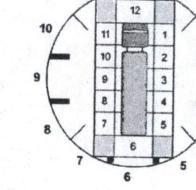
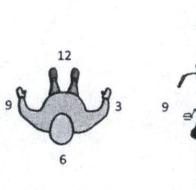
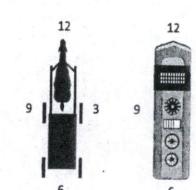
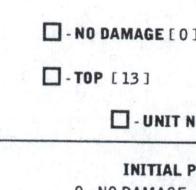
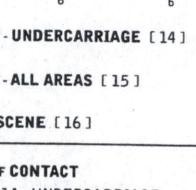


Indicate the north direction with an "N" on the compass diagram.

|   |   |  |  |  |
|---|---|--|--|--|
| OWNER   | UNIT # <u>0_1</u>   | 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  |  |  |
| LP STATE <u>O_H</u>   | LICENSE PLATE # <u>JGA1019</u>  | VEHICLE IDENTIFICATION # <u>2B14FP2532XRI1451879</u>   | VEHICLE YEAR <u>11999</u> VEHICLE MAKE <u>Dodge</u>  |  |
| <input type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY   | INSURANCE POLICY #   | COLOR <u>Maroon</u> VEHICLE MODEL <u>Caravan</u>   |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |   | US DOT #   | TOWED BY: COMPANY NAME <u>Wayne's</u>  |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0_2</u>   |   | 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<br><u>0_2</u>   | 4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  | 10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL-TERRAIN VEHICLE (ATV / UTV)  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| VEHICLE<br><u>0</u>   | # OF TRAILING UNITS   |  |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |   |  |  |  |
| AUTONOMOUS MODE LEVEL<br><u>0</u> 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |   |  |  |  |
| SPECIAL FUNCTION<br><u>0_1</u>  | 3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER   | 8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE   | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |  |
| CARGO BODY TYPE<br><u>0_1</u>   | 1 - NO CARGO BODY TYPE /NOT APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL  | 5 - INTERMODAL CONTAINER CHASSIS<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |
| VEHICLE DEFECTS<br><u>0_1</u>   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN   |  |
| NON-MOTORIST LOCATION AT IMPACT<br><u>1</u>   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION  | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |  |
| ACTION<br><u>3</u>  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN                                     | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - STOPPED OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |
| CONTRIBUTING CIRCUMSTANCES<br><u>0_1</u>  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN   | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING               | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |  |
| SEQUENCE OF EVENTS<br><u>1_2_0</u>  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br><u>4_5_1</u>  | 25 - IMPACT ATTENUATOR /CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN  |  |
| FIRST HARMFUL EVENT<br><u>1</u>   | MOST HARMFUL EVENT<br><u>1</u>  |  |  |  |

|   |   |
|---|---|
| LOCAL REPORT NUMBER<br><u>2 2 0 7 5 4 9 9</u>   |   |
| DAMAGE  |   |
| <u>4</u>  | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN   |
| DAMAGE SCALE  |   |
| 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE   |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |   |
|         |   |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]  |   |
| <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]   |   |
| <input type="checkbox"/> - UNIT NOT AT SCENE [16]   |   |
| INITIAL POINT OF CONTACT  |   |
| <u>1_2</u>  | 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN              |
| TRAFFIC   |   |
| TRAFFICWAY FLOW<br><u>2</u>   | TRAFFIC CONTROL<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL           |
| # OF THROUGH LANES ON ROAD<br><u>4</u>  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                  |
| UNIT / NON-MOTORIST DIRECTION   |   |
| FROM <u>6</u> TO <u>7</u>   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |
| UNIT SPEED<br><u>3_5_1</u>  | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |
| POSTED SPEED<br><u>5_0</u>  |   |

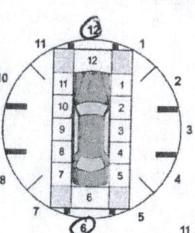
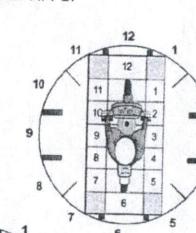
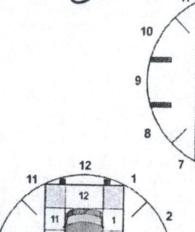
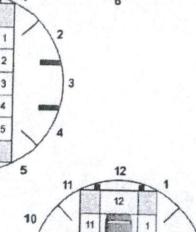
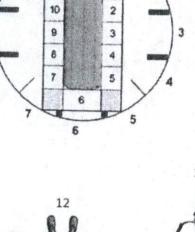
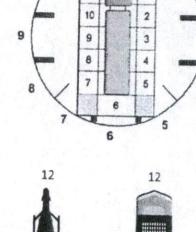
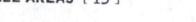
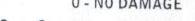
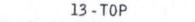
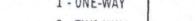
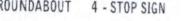
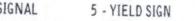
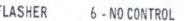
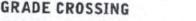
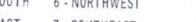
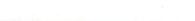
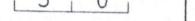
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|---|---|--|---|---|-----------------------|--|----------------------------------|--------------------------------------|--------------------------------|-------------------------|-------------------------|--------------------|---|------------------------------|---------------------------|--------------------------|--------------------|--------------------------|---------------------|-----------------------|-----------------|---------------------|-------------|-----------------------------------|------------------------------|----------------------------------|---------------------------------|-------------------------|---------------------|---------------------------|--------------|---------------------------|----------------------|
| OWNER   | UNIT # <u>012</u>   | 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  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| LP STATE <u>I_N</u>   | LICENSE PLATE # <u>R524690</u>  | VEHICLE IDENTIFICATION # <u>J A 4 A R 3 A U 0 L U 0 2 7 5 7 4</u>                  | VEHICLE YEAR <u>2022</u>  |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| <input type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY   | INSURANCE POLICY #   | COLOR <u>Blue</u>   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |   | US DOT #   | TOWED BY: COMPANY NAME <u>FOX</u>   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| INTERLOCK DEVICE EQUIPPED   | HIT/SKIP UNIT   | #OCCUPANTS <u>0 1</u>  | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                       |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| <table border="1"> <tr> <td><input type="checkbox"/> MATERIAL RELEASED</td> <td>CLASS #</td> <td>PLACARD ID #</td> </tr> <tr> <td><input type="checkbox"/> PLACARD</td> <td colspan="2"></td> </tr> </table>  |   |  |   | <input type="checkbox"/> MATERIAL RELEASED  | CLASS #               | PLACARD ID #   | <input type="checkbox"/> PLACARD |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| <input type="checkbox"/> MATERIAL RELEASED  | CLASS #   | PLACARD ID #   |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| <input type="checkbox"/> PLACARD  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| UNIT TYPE<br><u>013</u>   | 4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  | 10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)            | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| VEHICLE # OF TRAILING UNITS <u>0</u>  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANYTYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| AUTONOMOUS MODE LEVEL<br><u>0</u> 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| SPECIAL FUNCTION<br><u>011</u> 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 - FIRE<br>2 - MILITARY<br>3 - POLICE<br>4 - PUBLIC UTILITY<br>5 - CONSTRUCTION EQUIPMENT<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 8 - POLE<br>9 - CARGOTANK<br>10 - FLAT BED<br>11 - DUMP   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>15 - SAFETY SERVICE PATROL   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 11 - MEDIAN/CROSSING ISLAND<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>13 - DRIVEWAY ACCESS<br>14 - SHARED USE PATHS OR TRAILS  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 15 - INTERSECTION - MARKED CROSSWALK<br>16 - MIDBLOCK - MARKED CROSSWALK<br>17 - SHOULDER / ROADSIDE<br>18 - SIDEWALK   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 19 - 10 - 11 -  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING <u>1 1</u> 3 - CHANGING LANES  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>22 - OTHER / UNKNOWN   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / A/CDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/SPILLING<br>20 - IMPROPER CROSSING  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>24 - OTHER IMPROPER ACTION   |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| SEQUENCE OF EVENTS  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
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| 3 - IMMERSION   | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION   | 18 - ANIMAL - DEER  | 24 - OTHER MOBILE OBJECT  |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 4 - JACKKNIFE   | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN  | 19 - ANIMAL - OTHER   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 5 - CARGO/EQUIPMENT LOSS OR SHIFT   | 10 - CROSS MEDIAN   | 15 - PEDALCYCLE  | 20 - MOTOR VEHICLE IN TRANSPORT   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 6 - IMPROPER TURN   |   |  | 21 - PARKED MOTOR VEHICLE   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| <table border="1"> <tr> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION</td> <td>31 - GUARDRAIL END</td> <td>37 - TRAFFIC SIGN POST</td> <td>43 - CURB</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>26 - BRIDGE OVERHEAD STRUCTURE</td> <td>32 - PORTABLE BARRIER</td> <td>38 - OVERHEAD SIGN POST</td> <td>44 - DITCH</td> <td>51 - WALL</td> </tr> <tr> <td>27 - BRIDGE PIER OR ABUTMENT</td> <td>33 - MEDIAN CABLE BARRIER</td> <td>39 - LIGHT / LUMINARIES</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>28 - BRIDGE PARAPET</td> <td>34 - MEDIAN GUARDRAIL</td> <td>40 - SUPPORT</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td>29 - BRIDGE RAIL</td> <td>35 - MEDIAN CONCRETE BARRIER</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td>30 - GUARDRAIL FACE</td> <td>36 - MEDIAN OTHER BARRIER</td> <td>42 - CULVERT</td> <td>48 - TREE</td> <td>99 - OTHER / UNKNOWN</td> </tr> </table>                                |   |  |   | 25 - IMPACT ATTENUATOR / CRASH CUSHION  | 31 - GUARDRAIL END    | 37 - TRAFFIC SIGN POST                               | 43 - CURB                        | 50 - WORK ZONE MAINTENANCE EQUIPMENT | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER   | 38 - OVERHEAD SIGN POST | 44 - DITCH         | 51 - WALL   | 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES  | 45 - EMBANKMENT    | 52 - BUILDING            | 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL | 40 - SUPPORT    | 46 - FENCE          | 53 - TUNNEL | 29 - BRIDGE RAIL                  | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX                    | 54 - OTHER FIXED OBJECT | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42 - CULVERT | 48 - TREE                 | 99 - OTHER / UNKNOWN |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION  | 31 - GUARDRAIL END  | 37 - TRAFFIC SIGN POST   | 43 - CURB   | 50 - WORK ZONE MAINTENANCE EQUIPMENT  |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 26 - BRIDGE OVERHEAD STRUCTURE  | 32 - PORTABLE BARRIER   | 38 - OVERHEAD SIGN POST  | 44 - DITCH  | 51 - WALL   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 27 - BRIDGE PIER OR ABUTMENT  | 33 - MEDIAN CABLE BARRIER   | 39 - LIGHT / LUMINARIES  | 45 - EMBANKMENT   | 52 - BUILDING   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 28 - BRIDGE PARAPET   | 34 - MEDIAN GUARDRAIL   | 40 - SUPPORT   | 46 - FENCE  | 53 - TUNNEL   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 29 - BRIDGE RAIL  | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT   | 47 - MAILBOX  | 54 - OTHER FIXED OBJECT   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 30 - GUARDRAIL FACE   | 36 - MEDIAN OTHER BARRIER   | 42 - CULVERT   | 48 - TREE   | 99 - OTHER / UNKNOWN  |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |
| 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT  |   |  |   |   |                       |  |                                  |                                      |                                |                         |                         |                    |   |                              |                           |                          |                    |                          |                     |                       |                 |                     |             |                                   |                              |                                  |                                 |                         |                     |                           |              |                           |                      |

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

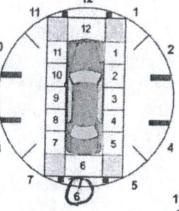
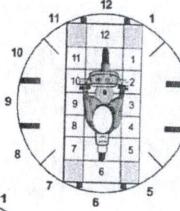
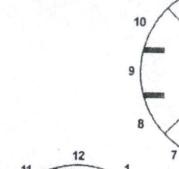
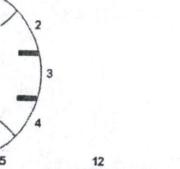
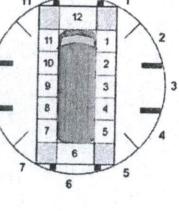
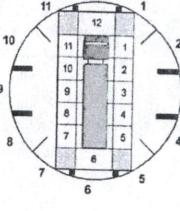
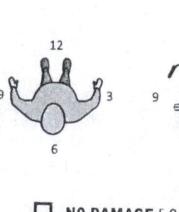
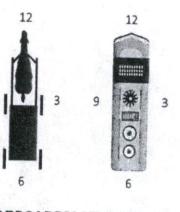
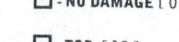
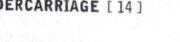
LOCAL REPORT NUMBER

2 2 0 7 5 4 9 9

|  |  |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|--|--|---|---|---|--|--|--|----------------------------|--|---------------------------------------|---------------------------------|----------------------------------|--|----------------------------|--|----------------------------------|--------------------------|---|--------------------------------|----------------------|---------------------------------|---------------------|------------------------|--|----------------------------|--------------------------------------|------------------------------------|--|----------------------|----------------------|-----------------------|-----------------|--|--------------------------|
| OWNER  | UNIT # <u>0 1 3</u>                      | 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   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| LP STATE <u>O H</u>  | LICENSE PLATE # <u>GZV9860</u>           | VEHICLE IDENTIFICATION # <u>J T H B J 4 6 G 9 7 2 0 4 7 0 0 8</u>                   | VEHICLE YEAR <u>2 0 0 7</u>   | VEHICLE MAKE <u>Lexus</u>   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY <u>Liberty Mutual</u>  | INSURANCE POLICY # <u>AOV28177498645</u>  | COLOR <u>Silver</u>   | VEHICLE MODEL <u>ES 350</u>   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  | US DOT #  | TOWED BY: COMPANY NAME  |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0 3</u>  |  | 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 <input type="checkbox"/> PLACARD |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| UNIT TYPE<br><u>0 1</u>  | #OCCUPANTS<br><u>0 3</u>                 |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 1 - PASSENGER CAR  | 7 - MOTORCYCLE 2-WHEELED                 | 12 - GOLF CART  | 18 - LIMO (LIVERY VEHICLE)  | 23 - PEDESTRIAN / SKATER  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 2 - PASSENGER VAN (MINIVAN)  | 8 - MOTORCYCLE 3-WHEELED                 | 13 - SNOWMOBILE   | 19 - BUS (16+ PASSENGERS)   | 24 - WHEELCHAIR (ANY TYPE)  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 3 - SPORT UTILITY VEHICLE  | 9 - AUTOCYCLE                            | 14 - SINGLE UNIT TRUCK  | 20 - OTHER VEHICLE  | 25 - OTHER NON-MOTORIST   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 4 - PICK UP  | 10 - MOPED OR MOTORIZED BICYCLE          | 15 - SEMI-TRACTOR   | 21 - HEAVY EQUIPMENT  | 26 - BICYCLE  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 5 - CARGO VAN  | 11 - ALL TERRAIN VEHICLE (ATV / UTV)     | 16 - FARM EQUIPMENT   | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  | 27 - TRAIN  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 6 - VAN (9-15 SEATS)   |  | 17 - MOTORHOME  |   | 99 - UNKNOWN OR HIT/SKIP  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| VEHICLE<br><u>0</u>  | # OF TRAILING UNITS                      |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><u>0</u>  |  |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 1 - NONE   | 6 - BUS - CHARTER/TOUR                   | 11 - FIRE   | 16 - FARM   | 21 - MAIL CARRIER   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 2 - TAXI   | 7 - BUS - INTERCITY                      | 12 - MILITARY   | 17 - MOWING   | 99 - OTHER / UNKNOWN  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 3 - ELECTRONIC RIDE SHARING  | 8 - BUS - SHUTTLE                        | 13 - POLICE   | 18 - SNOW REMOVAL   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 4 - SCHOOL TRANSPORT   | 9 - BUS - OTHER                          | 14 - PUBLIC UTILITY   | 19 - TOWING   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 5 - BUS - TRANSIT/COMMUTER   | 10 - AMBULANCE                           | 15 - CONSTRUCTION EQUIPMENT   | 20 - SAFETY SERVICE PATROL  |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 2 - BUS  | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX  | 9 - CARGOTANK   | 13 - AUTO TRANSPORTER   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  |  | 7 - GRAIN/CHIPS/GRAVEL  | 10 - FLAT BED   | 14 - GARBAGE/REFUSE   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 2 - HEAD LAMPS   | 5 - STEERING                             | 8 - TRAILER EQUIPMENT DEFECTIVE   | 10 - DISABLED FROM PRIOR ACCIDENT   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT                         |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 2 - INTERSECTION - UNMARKED CROSSWALK  | 4 - MIDBLOCK - MARKED CROSSWALK          | 7 - SHOULDER / ROADSIDE   | 10 - DRIVEWAY ACCESS  |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 4 - STRUCK PRE-CRASH   | 5 - MAKING RIGHT TURN                    | 10 - PARKED   | 16 - WORKING  | 21 - STANDING OUTSIDE DISABLED VEHICLE  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
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| 2 - FAILURE TO YIELD   | 8 - FOLLOWING TOO CLOSE / ACDA           | 14 - STOPPED OR PARKED ILLEGALLY  | 18 - OPERATING DEFECTIVE EQUIPMENT  | 22 - NOT DISCERNIBLE  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 3 - RAN RED LIGHT  | 9 - IMPROPER LANE CHANGE                 | 15 - SWERVING TO AVOID  | 19 - LOAD SHIFTING/FALLING/SPILLING   | 23 - OPENING DOOR INTO ROADWAY  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 4 - RAN STOP SIGN  | 10 - IMPROPER PASSING                    | 16 - WRONG WAY  | 20 - IMPROPER CROSSING  | 99 - OTHER IMPROPER ACTION  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 5 - UNSAFE SPEED   | 11 - DROVE OFF ROAD                      |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 6 - IMPROPER TURN  | 12 - IMPROPER BACKING                    |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| EVENT(S)   | SEQUENCE OF EVENTS                       |   |   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| <u>1 2 0</u>   | 1 - OVERTURN/ROLLOVER                    | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  | 16 - RAILWAY VEHICLE  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 2 - FIRE/EXPLOSION                       | 7 - SEPARATION OF UNITS   | 17 - ANIMAL - FARM  | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 3 - IMMERSION                            | 8 - RAN OFF ROAD RIGHT  | 18 - ANIMAL - DEER  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 4 - JACKKNIFE                            | 9 - RAN OFF ROAD LEFT   | 19 - ANIMAL - OTHER   | 24 - OTHER MOVABLE OBJECT   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT      | 10 - CROSS MEDIAN   | 20 - MOTOR VEHICLE IN TRANSPORT   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  |  |   | 21 - PARKED MOTOR VEHICLE   |   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
| 4  | 25 - IMPACT ATTENUATOR / CRASH CUSHION   | 31 - GUARDRAIL END  | 37 - TRAFFIC SIGN POST  | 43 - CURB   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 26 - BRIDGE OVERHEAD STRUCTURE           | 32 - PORTABLE BARRIER   | 38 - OVERHEAD SIGN POST   | 44 - DITCH  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 27 - BRIDGE PIER OR ABUTMENT             | 33 - MEDIAN CABLE BARRIER   | 39 - LIGHT / LUMINARIES   | 45 - EMBANKMENT   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 28 - BRIDGE PARAPET                      | 34 - MEDIAN GUARDRAIL BARRIER   | 40 - UTILITY POLE   | 46 - FENCE  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 29 - BRIDGE RAIL                         | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT  | 47 - MAILBOX  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 30 - GUARDRAIL FACE                      | 36 - MEDIAN OTHER BARRIER   | 42 - CULVERT  | 48 - TREE   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  |  |   |   | 49 - FIRE HYDRANT   |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  |  |   |   | 99 - OTHER / UNKNOWN  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |
|  | 1  | FIRST HARMFUL EVENT   | 1   | MOST HARMFUL EVENT  |  |  |  |                            |  |                                       |                                 |                                  |  |                            |  |                                  |                          |   |                                |                      |                                 |                     |                        |  |                            |                                      |                                    |  |                      |                      |                       |                 |  |                          |

|   |  |  |
|---|--|--|
| DAMAGE  |  |  |
| 3   | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN  | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |  |
|                                                                                                             |  |  |
| TRAFFIC   |  |  |
| TRAFFICWAY FLOW<br><u>2</u>   | TRAFFIC CONTROL<br>1 - ONE-WAY<br>2 - TWO-WAY  |  |
| # OF THROUGH LANES ON ROAD<br><u>4</u>  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |  |
| UNIT / <u>6</u> TO <u>7</u>   | UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |  |
| UNIT SPEED<br><u>0 1 1</u>  | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |  |
| POSTED SPEED<br><u>5 0</u>  |  |  |

|   |                                |  |  |   |  |
|---|--------------------------------|--|--|---|--|
| OWNER   | UNIT # <u>0 4</u>              | 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  |  |   |  |
| LP STATE <u>O H</u>   | LICENSE PLATE # <u>HOW6018</u> | VEHICLE IDENTIFICATION # <u>1N4AL3AP8HC136725</u>  | VEHICLE YEAR <u>2017</u> VEHICLE MAKE <u>Nissan</u>  |   |  |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY <u>Erie</u>  | INSURANCE POLICY # <u>Q055608383</u>   | COLOR <u>Black</u> VEHICLE MODEL <u>Altima</u>   |   |  |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |                                | US DOT #   | TOWED BY: COMPANY NAME   |   |  |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 1</u>  |                                | 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 <u>0 1</u><br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  |                                | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)  | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| # OF TRAILING UNITS <u>0</u>  |                                | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>0</u>   |  |   |  |
|   |                                | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |   |  |
| SPECIAL FUNCTION <u>0 1</u><br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER   |                                | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER  |  |   |  |
| CARGO BODY TYPE <u>0 1</u><br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS  |                                | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  |  |   |  |
| VEHICLE DEFECTS   |                                | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL  |  |   |  |
| NON-MOTORIST LOCATION AT IMPACT   |                                | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   |  |   |  |
| ACTION <u>4</u><br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN  |                                | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK   |  |   |  |
| CONTRIBUTING CIRCUMSTANCES <u>0 1</u><br>1 - NON-CONTACT<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN       |                                | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED<br>5 - TRAVEL LANE - OTHER LOCATION  |  |   |  |
| SEQUENCE OF EVENTS  |                                | 6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK  |  |   |  |
| 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION  |                                | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS  |  |   |  |
| 2 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT  |                                | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>13 - DRIVING ACCESS<br>14 - OTHER / UNKNOWN  |  |   |  |
| 4 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |                                | 15 - NEGOVITATING A CURVE<br>16 - ENTERING TRAFFIC LANE<br>17 - LEAVING TRAFFIC LANE<br>18 - PARKED<br>19 - SLOWING OR STOPPED IN TRAFFIC<br>20 - DRIVINGLESS  |  |   |  |
| 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER            |                                | 13 - APPROACHING OR LEAVING VEHICLE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE   |  |   |  |
| 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT                     |                                | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>22 - LYING IN ROADWAY<br>23 - NOT DISCERNIBLE<br>24 - OTHER IMPROPER ACTION   |  |   |  |
| 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT  |                                | 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>26 - WORK ZONE MAINTENANCE EQUIPMENT<br>27 - ANIMAL - FARM<br>28 - ANIMAL - OTHER<br>29 - MOTOR VEHICLE IN TRANSPORT<br>30 - PEDESTRIAN<br>31 - PEDALCYCLE<br>32 - PARKED MOTOR VEHICLE |  |   |  |
| 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                      |                                |  |  |   |  |

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 7 5 4 9 9

|  |  |  |   |  |  |  |   |          |         |
|--|--|--|---|--|--|--|---|----------|---------|
| MOTORIST / NON-MOTORIST  | UNIT #   | NAME: LAST, FIRST, MIDDLE<br>0 1 Rogers, Bruce A.  |   |  |  | DATE OF BIRTH  | AGE   | GENDER   |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>235 Park Ave, Hamilton, OH 45013  |  |   |  |  | 0 5 0 8 1 9 7 3  | 4 9   | M        |         |
|  | INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT USED  | 0 4  | CONTACT PHONE - INCLUDE AREA CODE                 |          |         |
|  | 4  | 1  | Fairfield Medics  |  | DOT-COMPLIANT MC HELMET  | 0 1  | AIR BAG USAGE                                     | EJECTION | TRAPPED |
| OL STATE   | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED   | LOCAL CODE   | ACDA   | CITATION NUMBER<br>252150  |   |          |         |
| 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 |          |         |
| 6  |  |  | 1   | 1  | 1  | 1  | 1   |          |         |
| UNIT #   | NAME: LAST, FIRST, MIDDLE<br>0 2 Sewell, Norman  |  |   |  | DATE OF BIRTH  | AGE  | GENDER  |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP<br>531 Hawthorne Heights, Lawrenceburg, IN 47025                             |  |  |   |  | 0 4 2 8 1 9 5 5  | 6 7  | M   |          |         |
| INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED  | 0 4  | CONTACT PHONE - INCLUDE AREA CODE  |   |          |         |
| 3  | 2  | Fairfield Medics   | Fairfield Mercy   | DOT-COMPLIANT MC HELMET  | 0 1  | AIR BAG USAGE  | EJECTION  | TRAPPED  |         |
| OL STATE   | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED   | LOCAL CODE   | OFFENSE DESCRIPTION  | CITATION NUMBER  |   |          |         |
| IN   |  |  |   |  |  |  |   |          |         |
| 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 |          |         |
| 4  |  |  | 1   | 1  | 1  | 1  | 1   |          |         |
| UNIT #   | NAME: LAST, FIRST, MIDDLE<br>0 3 Sidwell, Kelly J.   |  |   |  | DATE OF BIRTH  | AGE  | GENDER  |          |         |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1353 Corydale Dr A, Fairfield, OH 45014                                   |  |  |   |  | 0 9 2 4 1 9 8 1  | 4 1  | F   |          |         |
| INJURIES   | INJURED TAKEN BY   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED  | 0 4  | CONTACT PHONE - INCLUDE AREA CODE  |   |          |         |
| 5  |  |  |   | DOT-COMPLIANT MC HELMET  | 0 1  | AIR BAG USAGE  | EJECTION  | TRAPPED  |         |
| OL STATE   | OPERATOR LICENSE NUMBER  |  | OFFENSE CHARGED   | LOCAL CODE   | OFFENSE DESCRIPTION  | CITATION NUMBER  |   |          |         |
| OH   |  |  |   |  |  |  |   |          |         |
| 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 |          |         |
| 4  |  |  | 1   | 1  | 1  | 1  | 1   |          |         |
| INJURIES   | SEATING POSITION   | AIR BAG  | OL CLASS  | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS  |   |          |         |
| 1-FATAL<br>2-SUSPECTED SERIOUS INJURY<br>3-SUSPECTED MINOR INJURY<br>4-POSSIBLE INJURY<br>5-NO APPARENT INJURY | 1-FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)<br>2-FRONT - MIDDLE<br>3-FRONT - RIGHT SIDE<br>4-SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)<br>5-SECOND - MIDDLE<br>6-SECOND - RIGHT SIDE<br>7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)<br>8-THIRD - MIDDLE<br>9-THIRD - RIGHT SIDE<br>10-SLEEPER SECTION<br>OF TRUCK CAB   | 1-NOT DEPLOYED<br>2-DEPLOYED FRONT<br>3-DEPLOYED SIDE<br>4-DEPLOYED BOTH FRONT / SIDE<br>5-NOT APPLICABLE<br>9-DEPLOYMENT UNKNOWN  | 1-CLASS A<br>2-CLASS B<br>3-CLASS C<br>4-REGULAR CLASS<br>(OHIO = D)<br>5-M/C MOPED ONLY<br>6-NO VALID OL | 1-ALCOHOL INTERLOCK DEVICE<br>2-CDL INTRASTATE ONLY<br>3-CORRECTIVE LENSES<br>4-FARM WAIVER<br>5-EXCEPT CLASS A BUS<br>6-EXCEPT CLASS A<br>& CLASS B BUS<br>7-EXCEPT TRACTOR-TRAILER<br>8-INTERMEDIATE LICENSE<br>RESTRICTIONS<br>9-LEARNER'S PERMIT<br>RESTRICTIONS<br>10-LIMITED TO DAYLIGHT ONLY<br>11-LIMITED TO EMPLOYMENT<br>12-LIMITED - OTHER<br>13-MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES)<br>14-MILITARY VEHICLES ONLY<br>15-MOTOR VEHICLES WITHOUT<br>AIR BRAKES<br>16-OUTSIDE MIRROR<br>17-PROSTHETIC AID<br>18-OTHER | 1-NOT DISTRACTED<br>2-MANUALLY OPERATING AN<br>ELECTRONIC COMMUNICATION<br>DEVICE (TEXTING, TYPING,<br>DIALING)<br>3-TALKING ON HANDS-FREE<br>COMMUNICATION DEVICE<br>4-TALKING ON HAND-HELD<br>COMMUNICATION DEVICE<br>5-OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE<br>6-PASSENGER<br>7-OTHER DISTRACTION<br>INSIDE THE VEHICLE<br>8-OTHER DISTRACTION OUTSIDE<br>THE VEHICLE<br>9-OTHER / UNKNOWN | 1-NONE GIVEN<br>2-TEST REFUSED<br>3-TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE<br>4-TEST GIVEN, RESULTS KNOWN<br>5-TEST GIVEN, RESULTS<br>UNKNOWN |   |          |         |
| INJURED TAKEN BY   | EJECTION   | OL ENDORSEMENT   | TRAPPED   | GENDER   | CONDITION  | ALCOHOL TEST TYPE  |   |          |         |
| 1-NOT TRANSPORTED<br>/TREATED AT SCENE<br>2-EMS<br>3-POLICE<br>9-OTHER / UNKNOWN                               | 1-NOT EJECTED<br>2-PARTIALLY EJECTED<br>3-TOTALLY EJECTED<br>4-NOT APPLICABLE  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT  | 1-NOT TRAPPED<br>2-EXTRICATED BY<br>MECHANICAL MEANS<br>3-FREED BY<br>NON-MECHANICAL MEANS                | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN   | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER  |   |          |         |
| SAFETY EQUIPMENT   | 1-NONE USED<br>2-SHOULDER BELT ONLY USED<br>3-LAP BELT ONLY USED<br>4-SHOULDER & LAP BELT USED<br>5-CHILD RESTRAINT SYSTEM -<br>FORWARD FACING<br>6-CHILD RESTRAINT SYSTEM -<br>REAR FACING<br>7-BOOSTER SEAT<br>8-HELMET USED<br>9-PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)<br>10-REFLECTIVE CLOTHING<br>11-LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY<br>99-OTHER / UNKNOWN | 11-PASSENGER IN OTHER<br>ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)<br>12-PASSENGER IN UNENCLOSED<br>CARGO AREA<br>13-TRAILING UNIT<br>14-RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)<br>15-NON-MOTORIST<br>99-OTHER / UNKNOWN | 16-OUTSIDE MIRROR<br>17-PROSTHETIC AID<br>18-OTHER  | CONDITION  | DRUG TEST TYPE   |  |   |          |         |
|  |  |  |   | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN   | 1-NONE<br>2-BLOOD<br>3-URINE<br>4-BREATH<br>5-OTHER  |  |   |          |         |
|  |  |  |   | CONDITION  | DRUG TEST RESULT(S)  |  |   |          |         |
|  |  |  |   | 1-APPARENTLY NORMAL<br>2-PHYSICAL IMPAIRMENT<br>3-EMOTIONAL (E.G. DEPRESSED,<br>ANGRY, DISTURBED)<br>4-ILLNESS<br>5-FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.<br>6-UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL<br>9-OTHER / UNKNOWN   | 1-AMPHETAMINES<br>2-BARBITURATES<br>3-BENZODIAZEPINES<br>4-CANNABINOID<br>5-COCAIN<br>6-OPIATES / OPIOIDS<br>7-OTHER<br>8-NEGATIVE RESULTS   |  |   |          |         |



## **MOTORIST / Non-MOTORIST**



# OCCUPANT / WITNESS ADDENDUM

| OCCUPANT   |        |                           |  |  |  | LOCAL REPORT NUMBER |   |     |        |   |   |   |   |  |
|--|--------|---------------------------|--|--|--|---------------------|---|-----|--------|---|---|---|---|--|
|  | UNIT # | NAME: LAST, FIRST, MIDDLE |  |  |  | DATE OF BIRTH       |   | AGE | GENDER |   |   |   |   |  |
|  | 1      |                           |  |  |  | 2                   | 2 | 0   | 7      | 5   | 4 | 9 | 9 |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| <b>INJURIES</b> 5 <b>INJURED TAKEN BY</b> <b>EMS AGENCY (NAME)</b> <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> <b>SAFETY EQUIPMENT USED</b> 9 9 |        |                           |  |  | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> <b>SEATING POSITION</b> 0 3 <b>AIR BAG USAGE</b> 0 2 <b>EJECTION</b> 1 <b>TRAPPED</b> 1  |                     |   |     |        |   |   |   |   |  |
| <b>UNIT #</b> 3 <b>NAME: LAST, FIRST, MIDDLE</b><br>Dermon, Sierra M.  |        |                           |  |  | <b>DATE OF BIRTH</b> 1 0 1 1 1 9 9 9 <b>AGE</b> 2 3 <b>GENDER</b> F  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2741 Andrew Ave, Hamilton, OH 45015   |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| <b>INJURIES</b> 5 <b>INJURED TAKEN BY</b> <b>EMS AGENCY (NAME)</b> <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> <b>SAFETY EQUIPMENT USED</b> 0 4 |        |                           |  |  | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> <b>SEATING POSITION</b> 0 5 <b>AIR BAG USAGE</b> 0 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1  |                     |   |     |        |   |   |   |   |  |
| <b>UNIT #</b> 3 <b>NAME: LAST, FIRST, MIDDLE</b><br>Ellis, Kelsey  |        |                           |  |  | <b>DATE OF BIRTH</b> 0 3 0 5 2 0 1 4 <b>AGE</b> 8 <b>GENDER</b> F  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1353 Corydale Dr A, Fairfield, OH 45014   |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| <b>INJURIES</b> 5 <b>INJURED TAKEN BY</b> <b>EMS AGENCY (NAME)</b> <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> <b>SAFETY EQUIPMENT USED</b> 0 4 |        |                           |  |  | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> <b>SEATING POSITION</b> 0 6 <b>AIR BAG USAGE</b> 0 1 <b>EJECTION</b> 1 <b>TRAPPED</b> 1  |                     |   |     |        |   |   |   |   |  |
| <b>UNIT #</b> <b>NAME: LAST, FIRST, MIDDLE</b>   |        |                           |  |  | <b>DATE OF BIRTH</b> <b>AGE</b> <b>GENDER</b>  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| <b>INJURIES</b> <b>INJURED TAKEN BY</b> <b>EMS AGENCY (NAME)</b> <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> <b>SAFETY EQUIPMENT USED</b>       |        |                           |  |  | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>  |                     |   |     |        |   |   |   |   |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                   |        |                           |  |  | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                     |   |     |        | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |   |   |   |  |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |        |                           |  |  | <b>SAFETY EQUIPMENT USED</b><br><b>SEATING POSITION</b><br><b>AIR BAG USAGE</b>  |                     |   |     |        | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   |   |   |  |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |        |                           |  |  |  |                     |   |     |        | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |   |   |  |
| NAME: LAST, FIRST, MIDDLE<br>Richardson, Jamila  |        |                           |  |  | <b>DATE OF BIRTH</b> 0 6 1 7 1 9 7 7 <b>AGE</b> 4 5 <b>GENDER</b> F  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3412 Northland Dr, Hamilton, OH 45011   |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| NAME: LAST, FIRST, MIDDLE  |        |                           |  |  | <b>DATE OF BIRTH</b> <b>AGE</b> <b>GENDER</b>  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| NAME: LAST, FIRST, MIDDLE  |        |                           |  |  | <b>DATE OF BIRTH</b> <b>AGE</b> <b>GENDER</b>  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |
| ADDRESS: STREET, CITY, STATE, ZIP  |        |                           |  |  | CONTACT PHONE - INCLUDE AREA CODE  |                     |   |     |        |   |   |   |   |  |
|  |        |                           |  |  |  |                     |   |     |        |   |   |   |   |  |

LOCAL REPORT NUMBER

PD-22-075499

REPORTING AGENCY

Fairfield Police Department

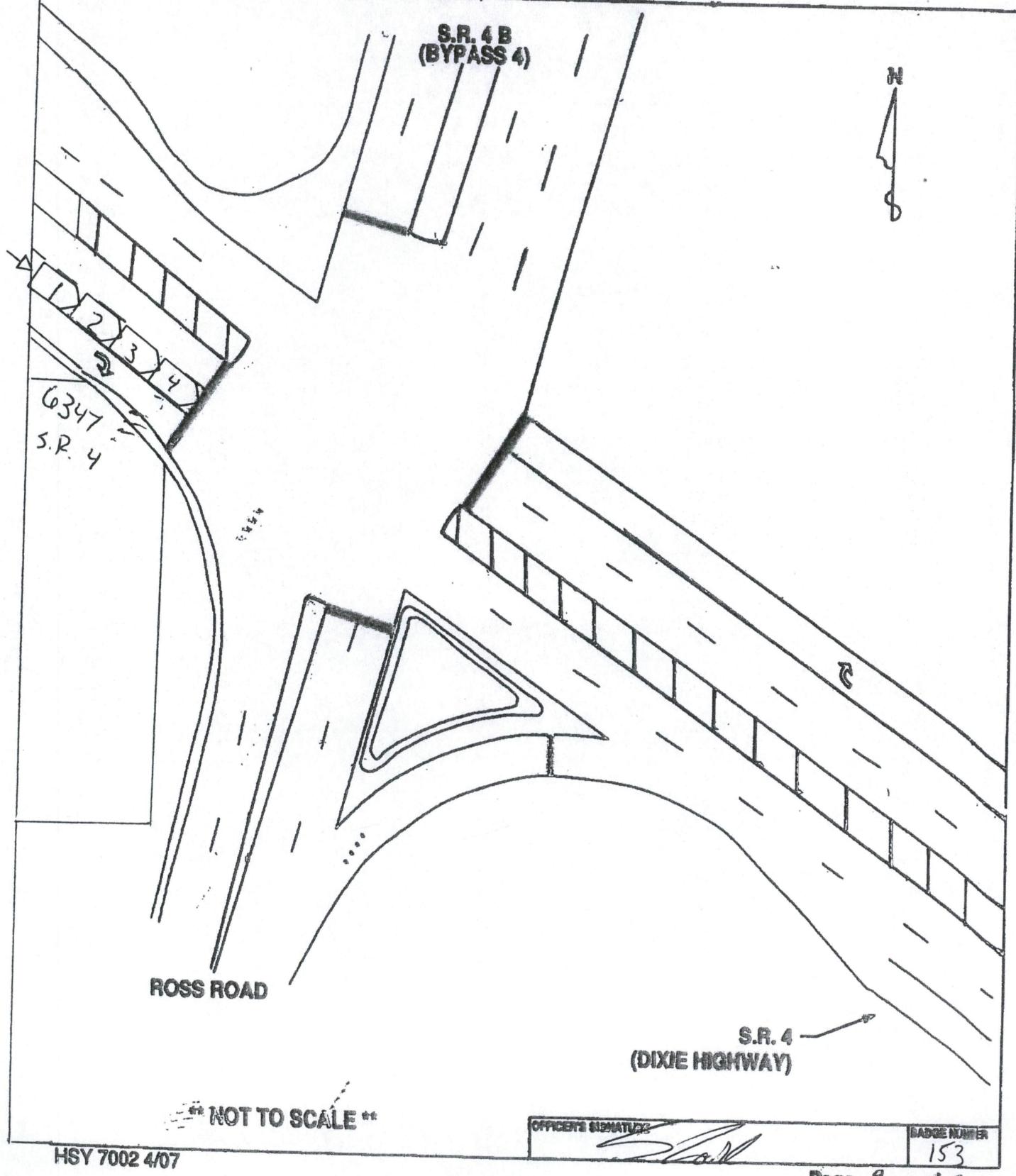
DATE OF CRASH

10/15/22

IN COUNTY OF  
Butler

CRASH LOCATION

S.R. 4 // Ross Rd.



\*\* NOT TO SCALE \*\*

HSY 7002 4/07

OFFICER'S SIGNATURE

*Shawn*

BADGE NUMBER  
153

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