

**TRAFFIC CRASH REPORT**

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|   |                                 |   |  |  |  |   |  |  |   |   |  |
|---|---------------------------------|---|--|--|--|---|--|--|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY |                                 |   | <b>LOCAL INFORMATION</b><br>P23012800001149<br><b>REPORTING AGENCY NAME *</b><br>Ohio State Highway Patrol<br><b>NCIC *</b><br>OHP08   |  |  | <b>LOCAL REPORT NUMBER *</b><br>08-0073-01  |  |  |   |   |  |
|   |                                 |   |  |  |  | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED   | <b>NUMBER OF UNITS</b><br>2  | <b>UNIT IN ERROR</b><br>1 - 98 - ANIMAL<br>99 - UNKNOWN  |   |   |  |
| 1   | 2                               | 3 - TOWNSHIP  | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP*<br>Peebles   |  |  | <b>CRASH DATE / TIME*</b><br>01/28/2023 10:25   |  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |   |   |  |
| <b>LOCATION</b><br><br><b>REFERENCE</b>   | ROUTE TYPE                      | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME   |  | ROAD TYPE   | <b>LATITUDE</b> DECIMAL DEGREES<br>38.939062   |  |   |   |  |
|   | ROUTE TYPE                      | ROUTE NUMBER  | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  |  | ROAD TYPE   | <b>LONGITUDE</b> DECIMAL DEGREES<br>-83.414206   |  |   |   |  |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br><input checked="" type="checkbox"/> 2 - MILE POST<br>3 - HOUSE #  |                                 | <b>DIRECTION</b> FROM REFERENCE<br>1 - NORTH<br><input checked="" type="checkbox"/> 2 - SOUTH<br>3 - EAST<br>4 - WEST |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | <b>INTERSECTION RELATED</b><br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA  |   |   |  |
| <b>DISTANCE</b> FROM REFERENCE<br>0.40  |                                 | <b>DISTANCE</b> UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |  |  |  |   |  | <b>NUMBER OF APPROACHES</b><br><input type="checkbox"/> ROADWAY DIVIDED  |   |   |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><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  |                                 |   |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  |   |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><input checked="" type="checkbox"/> 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><br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |                                 |   | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br><input checked="" type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  |  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |  |  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1<br>2 - STRAIGHT LEVEL<br>3 - STRAIGHT GRADE<br>4 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN  | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN | <b>SURFACE</b><br><input checked="" type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG , GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN   |                                 |   |  | <b>WEATHER</b><br><input checked="" type="checkbox"/> 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  |   |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN   |   |   |  |
| <b>NARRATIVE</b><br><p>Unit #1 was traveling southbound on State Route 41. Unit #2 was traveling northbound on State Route 41 entering a left turn lane. Unit #1 Drove left of center and struck Unit #2.</p>   |                                 |   |  |  |  |   |  |  |   |   |  |
| <b>CRASH REPORTED DATE / TIME</b><br>01/28/2023 10:29   |                                 | <b>DISPATCH DATE / TIME</b><br>01/28/2023 10:29   |  | <b>ARRIVAL DATE / TIME</b><br>01/28/2023 10:42   |  | <b>SCENE CLEARED DATE / TIME</b><br>01/28/2023 12:03  |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |   |   |  |
| <b>TOTAL TIME ROADWAY CLOSED</b>  | <b>OTHER INVESTIGATION TIME</b> | <b>TOTAL MINUTES</b><br>94  | <b>OFFICER'S NAME*</b><br>Timberlake, Nathan   |  |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Hunter, Joshua   |  |  |   |   |  |
|   |                                 |   | <b>OFFICER'S BADGE NUMBER*</b><br>0490   |  |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>1468   |  |  |   |   |  |

Ohio

Department of  
Public Safety**UNIT****LOCAL REPORT NUMBER**

08-0073-01

OWNER

|               |   |  |
|---------------|---|--|
| <b>UNIT #</b> | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) |
| 1             | MCGOWN, ANTHONY, P  | 937-217-9275   |

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

711 BOYD AVENUE, WEST UNION, OH, 45693

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

|                 |                        |                                 |                     |                     |
|-----------------|------------------------|---------------------------------|---------------------|---------------------|
| <b>LP STATE</b> | <b>LICENSE PLATE #</b> | <b>VEHICLE IDENTIFICATION #</b> | <b>VEHICLE YEAR</b> | <b>VEHICLE MAKE</b> |
| OH              | JUT6234                | 3FA6P0LU9JR162057               | 2018                | FORD                |

|                           |                          |                           |              |                      |
|---------------------------|--------------------------|---------------------------|--------------|----------------------|
| <b>INSURANCE VERIFIED</b> | <b>INSURANCE COMPANY</b> | <b>INSURANCE POLICY #</b> | <b>COLOR</b> | <b>VEHICLE MODEL</b> |
|                           | DAIRYLAND                | 11408349620               | BLK          | FUSION               |

|  |                    |   |
|--|--------------------|---|
| <b>TYPE OF USE</b>   | <b>US DOT #</b>    | <b>TOWED BY:</b> COMPANY NAME   |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                    | SCOTT & COMBS   |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              | <b># OCCUPANTS</b> | <b>HAZARDOUS MATERIAL CLASS #</b> <b>PLACARD ID #</b>                       |
|  | 1                  | <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |

|                           |  |  |
|---------------------------|--|--|
| <b>UNIT TYPE</b>          | <b>VEHICLE WEIGHT GVWR/GCWR</b>                          | <b>TOWED BY:</b> COMPANY NAME                  |
| 1                         | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | SCOTT & COMBS                                  |
| 3 - SPORT UTILITY VEHICLE | 10 - MOPED OR MOTORIZED                                  | 20 - OTHER VEHICLE                             |
| 4 - PICK UP               | 11 - ALL TERRAIN VEHICLE (ATV/UTV)                       | 21 - HEAVY EQUIPMENT                           |
| 5 - CARGO VAN             | 12 - MOTORHOME   | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE |
|                           |  | 23 - PEDESTRIAN/SKATER                         |
|                           |  | 24 - WHEELCHAIR (ANY TYPE)                     |
|                           |  | 25 - OTHER NON-MOTORIST                        |
|                           |  | 26 - BICYCLE                                   |
|                           |  | 27 - TRAIN                                     |
|                           |  | 99 - UNKNOWN OR HIT/SKIP                       |

|                            |  |          |                       |                            |                   |
|----------------------------|--|----------|-----------------------|----------------------------|-------------------|
| <b># OF TRAILING UNITS</b> | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> | <b>0</b> | 0 - NO AUTOMATION     | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN |
| 2                          | 1 - YES    2 - NO    9 - OTHER / UNKNOWN                             |          | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION        |                   |

|                              |                       |                            |                   |
|------------------------------|-----------------------|----------------------------|-------------------|
| <b>AUTONOMOUS MODE LEVEL</b> | 0 - NO AUTOMATION     | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN |
| 2 - PARTIAL AUTOMATION       | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION        |                   |
| 5 - FULL AUTOMATION          |                       |                            |                   |

|                             |                   |                          |                            |             |                      |
|-----------------------------|-------------------|--------------------------|----------------------------|-------------|----------------------|
| <b>SPECIAL FUNCTION</b>     | 1 - NONE          | 6 - BUS - CHARTER/TOUR   | 11 - FIRE                  | 16 - FARM   | 21 - MAIL CARRIER    |
| 1                           | 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 EQUIP. | 20 - SAFETY SERVICE PATROL |             |                      |

|  |  |                                  |                        |                     |                      |
|--|--|----------------------------------|------------------------|---------------------|----------------------|
| <b>CARGO BODY TYPE</b>                   | 1 - NO CARGO BODY TYPE / NOT APPROPRIATE | 4 - LOGGING                      | 7 - GRAIN/CHIPS/GRAVEL | 11 - DUMP           | 99 - OTHER / UNKNOWN |
| 1  | 2 - BUS                                  | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE               | 12 - CONCRETE MIXER |                      |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 6 - CARGOVAN /ENCLOSED BOX               | 9 - CARGO TANK                   | 13 - AUTO TRANSPORTER  |                     |                      |
|  |  | 10 - FLAT BED                    | 14 - GARBAGE/REFUSE    |                     |                      |

|                        |                  |                  |                                 |                                   |                      |
|------------------------|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| <b>VEHICLE DEFECTS</b> | 1 - TURN SIGNALS | 4 - BRAKES       | 7 - WORN OR SLICK TIRES         | 9 - MOTOR TROUBLE                 | 99 - OTHER / UNKNOWN |
|                        | 2 - HEAD LAMPS   | 5 - STEERING     | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT |                      |
|                        | 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT |                                 |                                   |                      |

|  |                                       |                                  |                            |  |                      |
|--|---------------------------------------|----------------------------------|----------------------------|--|----------------------|
| <b>NON-MOTORIST LOCATION AT IMPACT</b> | 1 - INTERSECTION - MARKED CROSSWALK   | 4 - MIDBLOCK - MARKED CROSSWALK  | 7 - SHOULDER/ROADSIDE      | 10 - DRIVEWAY ACCESS                   | 99 - OTHER / UNKNOWN |
| 2                                      | 2 - INTERSECTION - UNMARKED CROSSWALK | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK               | 11 - SHARED USE PATHS OR TRAILS        |                      |
| 3                                      | 3 - INTERSECTION - OTHER              | 6 - BICYCLE LANE                 | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |                      |

|                            |                   |                        |  |   |  |
|----------------------------|-------------------|------------------------|--|---|--|
| <b>ACTION</b>              | 1 - NON-CONTACT   | 1 - STRAIGHT AHEAD     | 9 - LEAVING TRAFFIC LANE                     | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 3                          | 2 - NON-COLLISION | 2 - BACKING            | 10 - PARKED                                  | 16 - WORKING                            | 99 - OTHER / UNKNOWN                   |
| 3 - STRIKING               | 1                 | 3 - CHANGING LANES     | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |
| 4 - STRUCK                 | PRE-CRASH ACTIONS | 4 - OVERTAKING/PASSING | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |  |
| 5 - BOTH STRIKING & STRUCK |                   | 5 - MAKING RIGHT TURN  | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |  |
| 9 - OTHER / UNKNOWN        |                   | 6 - MAKING LEFT TURN   | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |  |

|                                   |                       |                               |  |                                      |                                |
|-----------------------------------|-----------------------|-------------------------------|--|--------------------------------------|--------------------------------|
| <b>CONTRIBUTING CIRCUMSTANCES</b> | 1 - NONE              | 8 - FOLLOWING TOO CLOSE /ACDA | 13 - IMPROPER START FROM A PARKED POSITION | 18 - OPERATING DEFECTIVE EQUIPMENT   | 23 - OPENING DOOR INTO ROADWAY |
| 7                                 | 2 - FAILURE TO YIELD  | 9 - IMPROPER LANE CHANGE      | 14 - STOPPED OR PARKED ILLEGALLY           | 19 - LOAD SHIFTING /FALLING/SPILLING | 99 - OTHER IMPROPER ACTION     |
| 3 - RAN RED LIGHT                 | 10 - IMPROPER PASSING | 15 - SWERVING TO AVOID        | 20 - IMPROPER CROSSING                     |                                      |                                |
| 4 - RAN STOP SIGN                 | 11 - DROVE OFF ROAD   | 16 - WRONG WAY                | 21 - LYING IN ROADWAY                      |                                      |                                |
| 5 - UNSAFE SPEED                  | 12 - IMPROPER BACKING | 17 - VISION OBSTRUCTION       | 22 - NOT DISCERNIBLE                       |                                      |                                |

|                           |               |                                     |  |                          |   |
|---------------------------|---------------|-------------------------------------|--|--------------------------|---|
| <b>SEQUENCE OF EVENTS</b> | <b>EVENTS</b> |                                     |  |                          |   |
| 1                         | 11            | 1 - OVERTURN/ROLLOVER               | 7 - SEPARATION OF UNITS                              | 12 - DOWNHILL RUNAWAY    | 19 - ANIMAL - OTHER   |
| 2                         | 20            | 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT   |
| 3                         |               | 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 4                         |               | 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 24 - OTHER MOBILE OBJECT  |
| 5                         |               | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |   |
| 6                         |               | 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM       |   |

|   |  |  |                               |                                 |                         |
|---|--|--|-------------------------------|---------------------------------|-------------------------|
| 4 |  | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 38 - OVERHEAD SIGN POST         | 45 - EMBANKMENT         |
| 5 |  | 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 39 - LIGHT / LUMINARIES SUPPORT | 52 - BUILDING           |
| 6 |  | 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 46 - FENCE                      | 53 - TUNNEL             |
| 2 |  | 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 47 - MAILBOX                    | 54 - OTHER FIXED OBJECT |
| 3 |  | 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 48 - TREE                       | 99 - OTHER / UNKNOWN    |
| 4 |  | 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 49 - FIRE HYDRANT               |                         |

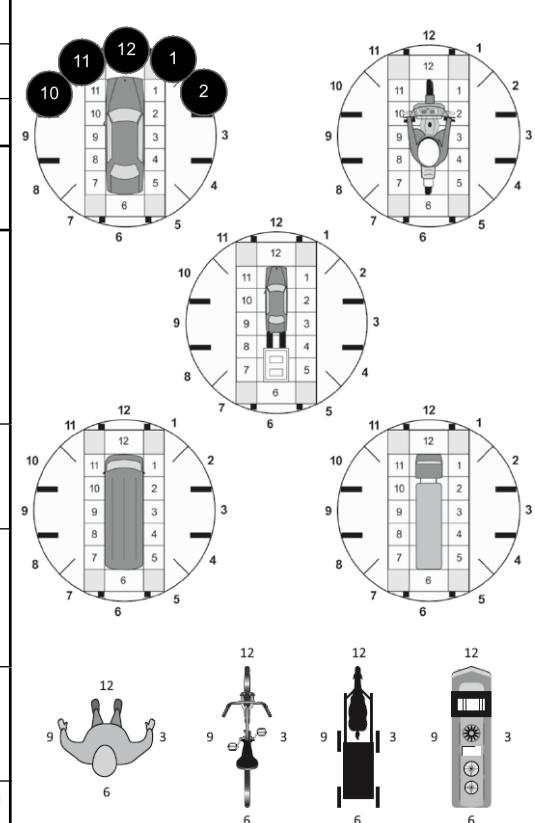
|   |  |                        |                              |                                      |  |
|---|--|------------------------|------------------------------|--------------------------------------|--|
| 2 |  | 37 - TRAFFIC SIGN POST | 40 - UTILITY POLE OR SUPPORT | 50 - WORK ZONE MAINTENANCE EQUIPMENT |  |
|   |  | 42 - CULVERT           | 44 - DITCH                   | 51 - WALL                            |  |
|   |  |                        |                              |                                      |  |

|                            |                             |
|----------------------------|-----------------------------|
| <b>FIRST HARMFUL EVENT</b> | <b>2 MOST HARMFUL EVENT</b> |
|----------------------------|-----------------------------|

|               |                     |
|---------------|---------------------|
| <b>DAMAGE</b> | <b>DAMAGE SCALE</b> |
|---------------|---------------------|

|          |                       |
|----------|-----------------------|
| 1 - NONE | 3 - FUNCTIONAL DAMAGE |
| 4        | 2 - MINOR DAMAGE      |
|          | 4 - DISABLING DAMAGE  |
|          | 9 - UNKNOWN           |

|                        |                         |
|------------------------|-------------------------|
| <b>DAMAGED AREA(S)</b> | 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 ] |  |
|---|--|

|                                 |                           |
|---------------------------------|---------------------------|
| <b>INITIAL POINT OF CONTACT</b> |                           |
| 0 - NO DAMAGE                   | 14 - UNDERCARRIAGE        |
| 1-12 - REFER TO UNIT DIAGRAM    | 15 - VEHICLE NOT AT SCENE |
| 13 - TOP                        | 99 - UNKNOWN              |

|                        |                        |
|------------------------|------------------------|
| <b>TRAFFIC</b>         |                        |
| <b>TRAFFICWAY FLOW</b> | <b>TRAFFIC CONTROL</b> |

|   |             |
|---|-------------|
| 1 | 2 - ONE-WAY |
| 6 | 2 - TWO-WAY |

|   |                |
|---|----------------|
| 2 | 1 - ROUNDABOUT |
| 6 | 4 - STOP SIGN  |
|   | 2 - SIGNAL     |
|   | 5 - YIELD SIGN |
|   | 3 - FLASHER    |
|   | 6 - NO CONTROL |

|   |                               |
|---|-------------------------------|
| 2 | 1 - NOT INVOLVED              |
| 6 | 2 - INVOLVED-ACTIVE CROSSING  |
|   | 3 - INVOLVED-PASSIVE CROSSING |

|                               |  |
|-------------------------------|--|
| <b>RAIL GRADE CROSSING</b>    |  |
| 1 - NOT INVOLVED              |  |
| 2 - INVOLVED-ACTIVE CROSSING  |  |
| 3 - INVOLVED-PASSIVE CROSSING |  |

|                                      |               |
|--------------------------------------|---------------|
| <b>UNIT / NON-MOTORIST DIRECTION</b> |               |
| 1 - NORTH                            | 5 - NORTHEAST |
| 2 - SOUTH                            | 6 - NORTHWEST |
| 3 - EAST                             | 7 - SOUTHEAST |
| 4 - WEST                             | 8 - SOUTHWEST |
| 9 - OTHER / UNKNOWN                  |               |

|                   |                       |
|-------------------|-----------------------|
| <b>UNIT SPEED</b> | <b>DETECTED SPEED</b> |
|-------------------|-----------------------|

|    |                              |
|----|------------------------------|
| 35 | 1 - STATED / ESTIMATED SPEED |
|----|------------------------------|

|   |                      |
|---|----------------------|
| 1 | 2 - CALCULATED / EDR |
|   | 3 - UNDETERMINED     |

|                     |  |
|---------------------|--|
| <b>POSTED SPEED</b> |  |
|---------------------|--|

|    |  |
|----|--|
| 35 |  |
|----|--|

| OWNER  | UNIT # <b>2</b> OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>STROTMAN, AMANDA, M                         |  | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
|--|---|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|---|----|---|---|---|---|---|---|--|--|--|--|--|---|---|--|-------------------------|------------------------|--|--|--|--|
|  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>10354 FRANCIS ROAD, WINCHESTER, OH, 45697           |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| VEHICLE  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
|  | LP STATE <b>OH</b>  | LICENSE PLATE # <b>GZT1116</b>   | VEHICLE IDENTIFICATION # <b>1GNKVHKD8EJ365835</b>  | VEHICLE YEAR <b>2014</b>   | VEHICLE MAKE <b>CHEVROLET</b>   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| INSURANCE<br><input checked="" type="checkbox"/> VERIFIED  | INSURANCE COMPANY <b>AMERICAN FAMILY</b>  | INSURANCE POLICY # <b>2102395502</b>   | COLOR <b>BLK</b>   | VEHICLE MODEL <b>TRAVERSE</b>  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 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  | HIT/SKIP UNIT   | # OCCUPANTS <b>2</b>   | VEHICLE WEIGHT GVWR/GCW<br><b>1 - ≤10K LBS.<br/>2 - 10.001 - 26K LBS.<br/>3 - &gt; 26K LBS.</b>  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| UNIT TYPE<br><b>3</b>  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                             | 6 - VAN (9-15 SEATS)<br>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  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  |   | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE   | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION  | 9 - OTHER/UNKNOWN  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| SPECIAL FUNCTION<br><b>1</b>   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                                 | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.   | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL   |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| CARGO BODY TYPE<br><b>1</b>  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX  | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED  | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE   |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| VEHICLE DEFECTS  | 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   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| NON-MOTORIST LOCATION AT IMPACT<br><b>3</b>  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                  | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE  | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND  | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| ACTION<br><b>4</b>   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                   | 6 - PRE-CRASH ACTIONS<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE  | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION   |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| CONTRIBUTING CIRCUMSTANCES<br><b>1</b>   | 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<br>7 - LEFT OF CENTER | 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                                | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| SEQUENCE OF EVENTS   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
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| 3  |   | 1 - FIRST HARMFUL EVENT  | 1 - MOST HARMFUL EVENT   |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| COLLISION WITH FIXED OBJECT - STRUCK   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 4  |   | 1 - FIRST HARMFUL EVENT  | 1 - MOST HARMFUL EVENT   |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 5  |   | 1 - FIRST HARMFUL EVENT  | 1 - MOST HARMFUL EVENT   |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
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| DAMAGE   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| DAMAGE SCALE   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 1 - NONE<br><b>3</b> 2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
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| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| INITIAL POINT OF CONTACT   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 0 - NO DAMAGE      14 - UNDERCARRIAGE  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 1-12 - REFER TO UNIT DIAGRAM      15 - VEHICLE NOT AT SCENE  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 99 - UNKNOWN      13 - TOP   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| TRAFFIC  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| TRAFFICWAY FLOW<br><b>2</b>  |   | TRAFFIC CONTROL<br><b>6</b>  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 1 - ONE-WAY<br>2 - TWO-WAY   |   | 1 - ROUNDABOUT      4 - STOP SIGN<br>2 - SIGNAL      5 - YIELD SIGN<br>3 - FLASHER      6 - NO CONTROL   |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| # OF THROUGH LANES ON ROAD<br><b>2</b>   |   | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| UNIT / NON-MOTORIST DIRECTION  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 1 - NORTH      5 - NORTHEAST<br>2 - SOUTH      6 - NORTHWEST<br>3 - EAST      7 - SOUTHEAST<br>4 - WEST      8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| FROM <b>2</b> TO <b>4</b>  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| UNIT SPEED<br><b>15</b>  |   | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED   |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| POSTED SPEED<br><b>1</b>   |   | 2 - CALCULATED / EDR<br>3 - UNDETERMINED   |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |
| 35   |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |    |   |   |   |   |   |   |  |  |  |  |  |   |   |  |                         |                        |  |  |  |  |

**MOTORIST / NON-MOTORIST**

| MOTORIST / NON-MOTORIST                          | LOCAL REPORT NUMBER<br>08-0073-01   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
|--|---|--|---|---|--|--|---|---|---|--------------------------|---|---|--------------|--|
|  | UNIT #  | NAME: LAST, FIRST, MIDDLE                        |   |   |  |  | DATE OF BIRTH                             |   |   |                          | AGE   | GENDER  |              |  |
|  | 1   | MCGOWAN, ANTHONY, P                              |   |   |  |  | 10/12/1965                                |   |   |                          | 57  | M   |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>711 BOYD AVENUE, WEST UNION, OH, 45693                     |  |   |   |  |  |   |   |   |                          |   | CONTACT PHONE - INCLUDE AREA CODE<br>937-217-9275 |              |  |
|  | INJURIES<br>5   | INJURED<br>TAKEN<br>BY<br><u>1</u>               | EMS AGENCY (NAME)   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  |   | SAFETY EQUIPMENT<br>USED<br>4                           | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING<br>POSITION<br>1 | AIR BAG USAGE<br>1                            | EJECTION<br>1                                     | TRAPPED<br>1 |  |
|  | OL STATE<br>OH  | OPERATOR LICENSE NUMBER                          |   |   | OFFENSE CHARGED<br>4511.25A  |  | LOCAL<br>CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION<br>DRIVING LEFT OF CENTER--TWO LANE |   |                          | CITATION NUMBER<br>OHP08049001282023113       |   |              |  |
|  | OL CLASS<br>4   | ENDORSEMENT                                      | RESTRICTION SELECT UP TO 3  |   | DRIVER<br>DISTRACTED<br>BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>5  | ALCOHOL TEST<br>STATUS<br>1    TYPE<br>1    .       |                          | DRUG TEST(S)<br>STATUS<br>1    TYPE<br>1    . |   |              |  |
|  | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>STROTMAN, AMANDA, M |   |   |  |  | DATE OF BIRTH<br>11/07/1989               |   |   |                          | AGE<br>33                                     | GENDER<br>F                                       |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>10354 FRANCIS ROAD, WINCHESTER, OH, 45697                  |  |   |   |  |  |   |   |   |                          |   | CONTACT PHONE - INCLUDE AREA CODE                 |              |  |
| MOTORIST / NON-MOTORIST                          | INJURIES<br>5   | INJURED<br>TAKEN<br>BY<br><u>1</u>               | EMS AGENCY (NAME)   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  |   | SAFETY EQUIPMENT<br>USED<br>4                           | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING<br>POSITION<br>1 | AIR BAG USAGE<br>1                            | EJECTION<br>1                                     | TRAPPED<br>1 |  |
|  | OL STATE<br>OH  | OPERATOR LICENSE NUMBER                          |   |   | OFFENSE CHARGED  |  | LOCAL<br>CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                                     |   |                          | CITATION NUMBER                               |   |              |  |
|  | OL CLASS<br>2   | ENDORSEMENT<br>S                                 | RESTRICTION SELECT UP TO 3  |   | DRIVER<br>DISTRACTED<br>BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>1  | ALCOHOL TEST<br>STATUS<br>1    TYPE<br>1    .       |                          | DRUG TEST(S)<br>STATUS<br>1    TYPE<br>1    . |   |              |  |
|  | UNIT #  | NAME: LAST, FIRST, MIDDLE                        |   |   |  |  | DATE OF BIRTH                             |   |   |                          | AGE   | GENDER  |              |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |   |   |  |  |   |   |   |                          |   | CONTACT PHONE - INCLUDE AREA CODE                 |              |  |
|  | INJURIES  | INJURED<br>TAKEN<br>BY<br><u>  </u>              | EMS AGENCY (NAME)   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  |   | SAFETY EQUIPMENT<br>USED                                | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING<br>POSITION      | AIR BAG USAGE                                 | EJECTION  | TRAPPED      |  |
|  | OL STATE  | OPERATOR LICENSE NUMBER                          |   |   | OFFENSE CHARGED  |  | LOCAL<br>CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION                                     |   |                          | CITATION NUMBER                               |   |              |  |
|  | OL CLASS  | ENDORSEMENT                                      | RESTRICTION SELECT UP TO 3  |   | DRIVER<br>DISTRACTED<br>BY   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION   | ALCOHOL TEST<br>STATUS<br>1    TYPE<br>1    .       |                          | DRUG TEST(S)<br>STATUS<br>1    TYPE<br>1    . |   |              |  |
|  | MOTORIST / NON-MOTORIST   | INJURIES   |   | SEATING POSITION                                | AIR BAG  |  | OL CLASS                                  | OL RESTRICTION(S)                                       |   | DRIVER DISTRACTION       |   | TEST STATUS                                       |              |  |
| 1 - FATAL  |   | 1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)     | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT  | 1 - CLASS A                                     | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN<br>ELECTRONIC<br>COMMUNICATION DEVICE<br>(TEXTING, TYPING,<br>DIALING) | 1 - NONE GIVEN   |   |   |   |                          |   |   |              |  |
| 2 - SUSPECTED SERIOUS<br>INJURY                  |   | 2 - FRONT - MIDDLE                               | 3 - DEPLOYED SIDE   | 2 - CLASS B                                     | 2 - CDL INTRASTATE ONLY  | 2 - TEST REFUSED   |   |   |   |                          |   |   |              |  |
| 3 - SUSPECTED MINOR<br>INJURY                    |   | 3 - FRONT - RIGHT SIDE                           | 4 - DEPLOYED BOTH<br>FRONT/SIDE   | 3 - CLASS C                                     | 3 - CORRECTIVE LENSES  | 3 - TEST GIVEN,<br>CONTAMINATED SAMPLE<br>/ UNUSABLE   |   |   |   |                          |   |   |              |  |
| 4 - POSSIBLE INJURY                              |   | 4 - SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 5 - NOT APPLICABLE  | 4 - REGULAR CLASS<br>(OHIO = D)                 | 4 - FARM WAIVER  | 4 - TEST GIVEN,<br>RESULTS KNOWN   |   |   |   |                          |   |   |              |  |
| 5 - NO APPARENT INJURY                           |   | 5 - SECOND - MIDDLE                              | 9 - DEPLOYMENT UNKNOWN  | 5 - M/C MOPED ONLY                              | 5 - EXCEPT CLASS A<br>& CLASS B BUS  | 5 - TEST GIVEN,<br>RESULTS UNKNOWN   |   |   |   |                          |   |   |              |  |
| INJURIES TAKEN BY                                |   | 7 - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)   | 6 - THIRD - MIDDLE  | 6 - NO VALID OL                                 | 6 - EXCEPT TRACTOR-TRAILER   |  |   |   |   |                          |   |   |              |  |
| 1 - NOT TRANSPORTED<br>/TREATED AT SCENE         |   | 8 - THIRD - MIDDLE                               | 1 - NOT EJECTED   | 7 - INTERMEDIATE LICENSE<br>RESTRICTIONS        | 7 - EXTINGUISHING<br>COMMUNICATION DEVICE  |  |   |   |   |                          |   |   |              |  |
| 2 - EMS  |   | 9 - THIRD - RIGHT SIDE                           | 2 - PARTIALLY EJECTED   | 8 - LEARNER'S PERMIT<br>RESTRICTIONS            | 8 - TALKING ON HAND-HELD<br>COMMUNICATION DEVICE   |  |   |   |   |                          |   |   |              |  |
| 3 - POLICE                                       | 10 - SLEEPER SECTION<br>OF TRUCK CAB  | 3 - TOTALLY EJECTED                              | 9 - LIMITED TO DAYLIGHT<br>ONLY   | 9 - OTHER ACTIVITY WITH AN<br>ELECTRONIC DEVICE |  |  |   |   |   |                          |   |   |              |  |
| 9 - OTHER / UNKNOWN                              | 11 - PASSENGER IN<br>OTHER ENCLOSED CARGO<br>AREA (NON-TRAILING UNIT,<br>BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                               | 10 - LIMITED TO EMPLOYMENT  | 10 - PASSANGER                                  |  |  |   |   |   |                          |   |   |              |  |
| SAFETY EQUIPMENT                                 |   | 12 - PASSENGER IN<br>UNENCLOSED CARGO AREA       | 1 - NOT TRAPPED   | 11 - LIMITED - OTHER                            |  |  |   |   |   |                          |   |   |              |  |
| 1 - NONE USED                                    | 13 - TRAILING UNIT  | 2 - EXTRICATED BY<br>MECHANICAL MEANS            | 12 - LIMITED - OTHER  | 12 - OTHER DISTRACTION<br>INSIDE THE VEHICLE    |  |  |   |   |   |                          |   |   |              |  |
| 2 - SHOULDER BELT ONLY<br>USED                   | 14 - RIDING ON VEHICLE<br>EXTERIOR  | 3 - FREED BY                                     | 13 - MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND<br>CONTROLS, OR OTHER<br>ADAPTIVE DEVICES) | 13 - OTHER DISTRACTION<br>OUTSIDE THE VEHICLE   |  |  |   |   |   |                          |   |   |              |  |
| 3 - LAP BELT ONLY USED                           | (NON-TRAILING UNIT)   | NON-MECHANICAL MEANS                             | 14 - MILITARY VEHICLES ONLY   | 14 - OTHER / UNKNOWN                            |  |  |   |   |   |                          |   |   |              |  |
| 4 - SHOULDER & LAP BELT<br>USED                  | 15 - NON-MOTORIST   |  | 15 - MOTOR VEHICLES<br>WITHOUT AIR BRAKES   |   |  |  |   |   |   |                          |   |   |              |  |
| 5 - CHILD RESTRAINT SYSTEM<br>- FORWARD FACING   | 99 - OTHER / UNKNOWN  |  | 16 - OUTSIDE MIRROR   |   |  |  |   |   |   |                          |   |   |              |  |
| 6 - CHILD RESTRAINT SYSTEM<br>- REAR FACING      |   |  | 17 - PROSTHETIC AID   |   |  |  |   |   |   |                          |   |   |              |  |
| 7 - BOOSTER SEAT                                 |   |  | 18 - OTHER  |   |  |  |   |   |   |                          |   |   |              |  |
| 8 - HELMET USED                                  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 9 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC) |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 10 - REFLECTIVE CLOTHING                         |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 11 - LIGHTING - PEDESTRIAN<br>/ CYCLE ONLY       |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 99 - OTHER / UNKNOWN                             |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| GENDER   |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| F - FEMALE                                       |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| M - MALE   |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| U - OTHER / UNKNOWN                              |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| ALCOHOL TEST TYPE                                |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 1 - NONE   |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 2 - BLOOD  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 3 - URINE  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 4 - BREATH                                       |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 5 - OTHER  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| DRUG TEST TYPE                                   |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 1 - NONE   |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 2 - BLOOD  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 3 - URINE  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 4 - OTHER  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| DRUG TEST RESULT(S)                              |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 1 - AMPHETAMINES                                 |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 2 - BARBITURATES                                 |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 3 - BENZODIAZEPINES                              |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 4 - CANNABINOIDS                                 |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 5 - COCAINE                                      |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 6 - OPIATES / OPIOIDS                            |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 7 - OTHER  |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |
| 8 - NEGATIVE RESULTS                             |   |  |   |   |  |  |   |   |   |                          |   |   |              |  |

**OCCUPANT / WITNESS ADDENDUM**

LOCAL REPORT NUMBER

08-0073-01

|  |  |  |  |                       |   |                                   |  |               |              |
|--|--|--|--|-----------------------|---|-----------------------------------|--|---------------|--------------|
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE<br>2 STROTMAN, JENNY |  |                       |   | DATE OF BIRTH<br>01/01/1970       | AGE<br>53  | GENDER<br>F   |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>4232 MINMOR ROAD, CINCINNATI, OH, 45207 |  |  |                       | CONTACT PHONE - INCLUDE AREA CODE<br>513-470-4646   |                                   |  |               |              |
| INJURIES   | INJURED<br>TAKEN<br>BY<br>1  | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET  | SEATING POSITION<br>3             | AIR BAG USAGE<br>1   | EJECTION<br>1 | TRAPPED<br>1 |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE                      |  |                       |   | DATE OF BIRTH                     | AGE  | GENDER        |              |
| OCCUPANT   | ADDRESS: STREET, CITY, STATE, ZIP  |  |  |                       | CONTACT PHONE - INCLUDE AREA CODE   |                                   |  |               |              |
| INJURIES   | INJURED<br>TAKEN<br>BY<br>1  | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT      | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET  | SEATING POSITION                  | AIR BAG USAGE  | EJECTION      | TRAPPED      |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE                      |  |                       |   | DATE OF BIRTH                     | AGE  | GENDER        |              |
| OCCUPANT   | ADDRESS: STREET, CITY, STATE, ZIP  |  |  |                       | CONTACT PHONE - INCLUDE AREA CODE   |                                   |  |               |              |
| INJURIES   | INJURED<br>TAKEN<br>BY<br>1  | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  | SAFETY EQUIPMENT      | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET  | SEATING POSITION                  | AIR BAG USAGE  | EJECTION      | TRAPPED      |
| INJURIES   |  |  | SAFETY EQUIPMENT USED  |                       | SEATING POSITION  |                                   | AIR BAG USAGE  |               |              |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |  |  | 1 - NONE USED -<br>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 -<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>(ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                       | 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 OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED<br>CARGO AREA (NON-TRAILING UNIT<br>SUCH AS A BUS, 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 |                                   | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH<br>FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |               |              |
| INJURED TAKEN BY   |  |  |  |                       |   |                                   | EJECTION   |               |              |
| 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  |               |              |
| GENDER   |  |  |  |                       |   |                                   | TRAPPED  |               |              |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |  |  |  |                       |   |                                   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - FREED BY<br>NON-MECHANICAL MEANS   |               |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE  |  |  |                       |   | DATE OF BIRTH                     | AGE  | GENDER        |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |  |                       |   | CONTACT PHONE - INCLUDE AREA CODE |  |               |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE  |  |  |                       |   | DATE OF BIRTH                     | AGE  | GENDER        |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |  |                       |   | CONTACT PHONE - INCLUDE AREA CODE |  |               |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE  |  |  |                       |   | DATE OF BIRTH                     | AGE  | GENDER        |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |  |                       |   | CONTACT PHONE - INCLUDE AREA CODE |  |               |              |