

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
2025000000117

|  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH -2<br><input type="checkbox"/> OH -1P<br><input type="checkbox"/> PRIVATE PROPERTY  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>MADISON COUNTY SHERIFF   |  | NCIC *<br>04900  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>1   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| COUNTY*<br>49  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>CANAAN (TOWNSHIP OF)   |  | CRASH DATE / TIME*<br>01/17/2025 12:32   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |  |  |  |  |  |
| ROUTE TYPE<br>LOCATION   |  | ROUTE NUMBER<br>LOCATION  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME<br>SMITH CALHOUN NE   |  | ROAD TYPE<br>RD  |  | LATITUDE DECIMAL DEGREES<br>40.056482  |  | LONGITUDE DECIMAL DEGREES<br>-83.249400  |  |
| ROUTE TYPE<br>REFERENCE  |  | ROUTE NUMBER<br>REFERENCE   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>7700  |  | ROAD TYPE<br>RD  |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4   |  | 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  |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |  |
| DISTANCE FROM REFERENCE<br>60.00   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>3   |  | 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  |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>4   |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |  |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA  |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |  | CONDITIONS<br>9<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN                       |  | SURFACE<br>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 |  |  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>9  |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>99<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |  | CONDITIONS<br>9<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN |  | SURFACE<br>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   |  |  |  |  |  |
| NARRATIVE<br>Unit #1 was found unoccupied after striking a tree on Smith Calhoun Rd. After running the license plate on Unit #1, it was discovered that Unit #1 had been reported stolen out of Columbus. Per Columbus Police Department, the vehicle was towed and was to be released to owner. |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>01/17/2025 12:32   |  |   | DISPATCH DATE / TIME<br>01/17/2025 12:40 |  |  | ARRIVAL DATE / TIME<br>01/17/2025 13:27  |  |  | SCENE CLEARED DATE / TIME<br>01/17/2025 14:08        |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>0   |  | TOTAL MINUTES<br>88  |  | OFFICER'S NAME*<br>CARLSON, KELLI A  |  |  | CHECKED BY OFFICER'S NAME*<br>WINEBRENNER, TIMOTHY D |  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |
|  |  |   |  | OFFICER'S BADGE NUMBER*<br>000029  |  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>000007 |  |  |  |  |  |  |

|  |   |   |
|--|---|---|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>THOMPSON, LATRESSA, D | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>7790 ALTA DR 306, WORTHINGTON, OH, 43085 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
|---|--|---|---|----------------------------------|---|----------------------------|-------------------------|----------------------------|------------------------|-----------------------------|----------------------------------|---------------------------------|-----------------------------------|----------------------------|--|----------------------------|------------------------|-----------------------|-------------------------|----------------------|-----------------|---------------------|----------------------|--------------|----------------------------|---------------------------------|--------------------------|--|------------|--|------------------------------------|----------------|--------------------------|--|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>KKJ5936                        | <b>VEHICLE IDENTIFICATION #</b><br>2GNALCEK5H1522346  | <b>VEHICLE YEAR</b><br>2017   | <b>VEHICLE MAKE</b><br>CHEVROLET |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>                                 | <b>INSURANCE POLICY #</b>   | <b>COLOR</b><br>DBL   | <b>VEHICLE MODEL</b><br>EQUINOX  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>   |  | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME<br>SMITHS TOWING  |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <b>TYPE OF USE</b>  |  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | <b>CLASS #</b> <b>PLACARD ID #</b>  |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>6 - VAN (9-15 SEATS)</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>9 - AUTOCYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td></td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table> |  |   |   |                                  | 1 - PASSENGER CAR                       | 6 - VAN (9-15 SEATS)       | 12 - GOLF CART          | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN/SKATER | 2 - PASSENGER VAN (MINIVAN) | 7 - MOTORCYCLE 2-WHEELED         | 13 - SNOWMOBILE                 | 19 - BUS (16+ PASSENGERS)         | 24 - WHEELCHAIR (ANY TYPE) | 3 - SPORT UTILITY VEHICLE                | 8 - MOTORCYCLE 3-WHEELED   | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE    | 25 - OTHER NON-MOTORIST | 4 - PICK UP          | 9 - AUTOCYCLE   | 15 - SEMI-TRACTOR   | 21 - HEAVY EQUIPMENT | 26 - BICYCLE | 5 - CARGO VAN              | 10 - MOPED OR MOTORIZED BICYCLE | 16 - FARM EQUIPMENT      | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |  | 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 17 - MOTORHOME | 99 - UNKNOWN OR HIT/SKIP |  |
| 1 - PASSENGER CAR   | 6 - VAN (9-15 SEATS)                                     | 12 - GOLF CART  | 18 - LIMO (LIVERY VEHICLE)  | 23 - PEDESTRIAN/SKATER           |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 2 - PASSENGER VAN (MINIVAN)   | 7 - MOTORCYCLE 2-WHEELED                                 | 13 - SNOWMOBILE   | 19 - BUS (16+ PASSENGERS)   | 24 - WHEELCHAIR (ANY TYPE)       |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 3 - SPORT UTILITY VEHICLE   | 8 - MOTORCYCLE 3-WHEELED                                 | 14 - SINGLE UNIT TRUCK  | 20 - OTHER VEHICLE  | 25 - OTHER NON-MOTORIST          |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 4 - PICK UP   | 9 - AUTOCYCLE  | 15 - SEMI-TRACTOR   | 21 - HEAVY EQUIPMENT  | 26 - BICYCLE                     |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 5 - CARGO VAN   | 10 - MOPED OR MOTORIZED BICYCLE                          | 16 - FARM EQUIPMENT   | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  | 27 - TRAIN                       |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
|   | 11 - ALL TERRAIN VEHICLE (ATV/UTV)                       | 17 - MOTORHOME  | 99 - UNKNOWN OR HIT/SKIP  |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <b># of TRAILING UNITS</b>  |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>0 - NO AUTOMATION</td> <td>3 - CONDITIONAL AUTOMATION</td> <td>9 - OTHER/UNKNOWN</td> </tr> <tr> <td>1 - DRIVER ASSISTANCE</td> <td>4 - HIGH AUTOMATION</td> <td></td> </tr> <tr> <td>2 - PARTIAL AUTOMATION</td> <td>5 - FULL AUTOMATION</td> <td></td> </tr> </table>   |  |   |   |                                  | 0 - NO AUTOMATION                       | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN       | 1 - DRIVER ASSISTANCE      | 4 - HIGH AUTOMATION    |                             | 2 - PARTIAL AUTOMATION           | 5 - FULL AUTOMATION             |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 0 - NO AUTOMATION   | 3 - CONDITIONAL AUTOMATION                               | 9 - OTHER/UNKNOWN   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 1 - DRIVER ASSISTANCE   | 4 - HIGH AUTOMATION                                      |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 2 - PARTIAL AUTOMATION  | 5 - FULL AUTOMATION                                      |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <b>SPECIAL FUNCTION</b>   |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIP.</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table>   |  |   |   |                                  | 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 EQUIP. | 20 - SAFETY SERVICE PATROL                     |            |  |                                    |                |                          |  |
| 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 EQUIP.  | 20 - SAFETY SERVICE PATROL  |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| <b>CARGO BODY TYPE</b>  |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
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| 1 - NO CARGO BODY TYPE / NOT APPLICABLE   | 4 - LOGGING  | 7 - GRAIN/CHIPS/GRAVEL  | 11 - DUMP   | 99 - OTHER / UNKNOWN             |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
| 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>  |  |   |   |                                  |   |                            |                         |                            |                        |                             |                                  |                                 |                                   |                            |  |                            |                        |                       |                         |                      |                 |                     |                      |              |                            |                                 |                          |  |            |  |                                    |                |                          |  |
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| 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</b>      | 1 - INTERSECTION - MARKED CROSSWALK   | 4 - MIDBLOCK - MARKED CROSSWALK  | 7 - SHOULDER/ROADSIDE                        | 10 - DRIVEWAY ACCESS                    | 99 - OTHER / UNKNOWN                   |
|                                   | 2 - INTERSECTION - UNMARKED CROSSWALK | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK                                 | 11 - SHARED USE PATHS OR TRAILS         |  |
|                                   | 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 |
|                                   | 2 - NON-COLLISION                     | 2 - BACKING                      | 10 - PARKED                                  | 16 - WORKING                            | 99 - OTHER / UNKNOWN                   |
|                                   | 3 - STRIKING                          | 3 - CHANGING LANES               | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |
|                                   | 4 - STRUCK                            | 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                 |  |
|                                   |                                       | 7 - MAKING U-TURN                |  |   |  |
|                                   |                                       | 8 - ENTERING TRAFFIC LANE        |  |   |  |
| <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         |
|                                   | 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                    |  |
|                                   | 6 - IMPROPER TURN                     |                                  |  |   |  |
|                                   | 7 - LEFT OF CENTER                    |                                  |  |   |  |

|   |   |
|---|---|
| <b>SEQUENCE OF EVENTS</b>                   | <b>EVENTS</b>   |
| 1 <b>99</b>                                 | 1 - OVERTURN/ROLLOVER   |
| 2   | 2 - FIRE/EXPLOSION  |
| 3   | 3 - IMMERSION   |
| 4   | 4 - JACKKNIFE   |
| 5   | 5 - CARGO / EQUIPMENT LOSS OR SHIFT   |
| 6   | 6 - EQUIPMENT FAILURE   |
| 7   | 7 - SEPARATION OF UNITS   |
| 8   | 8 - RAN OFF ROAD RIGHT  |
| 9   | 9 - RAN OFF ROAD LEFT   |
| 10  | 10 - CROSS MEDIAN   |
| 11  | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL                                |
| 12  | 12 - DOWNHILL RUNAWAY   |
| 13  | 13 - OTHER NON-COLLISION  |
| 14  | 14 - PEDESTRIAN   |
| 15  | 15 - PEDALCYCLE   |
| 16  | 16 - RAILWAY VEHICLE  |
| 17  | 17 - ANIMAL - FARM  |
| 18  | 18 - ANIMAL - DEER  |
| 19  | 19 - ANIMAL - OTHER   |
| 20  | 20 - MOTOR VEHICLE IN TRANSPORT   |
| 21  | 21 - PARKED MOTOR VEHICLE   |
| 22  | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 23  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 24  | 24 - OTHER MOVABLE OBJECT   |
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b> |   |
| 25  | 25 - IMPACT ATTENUATOR / CRASH CUSHION  |
| 26  | 26 - BRIDGE OVERHEAD STRUCTURE  |
| 27  | 27 - BRIDGE PIER OR ABUTMENT  |
| 28  | 28 - BRIDGE PARAPET   |
| 29  | 29 - BRIDGE RAIL  |
| 30  | 30 - GUARDRAIL FACE   |
| 31  | 31 - GUARDRAIL END  |
| 32  | 32 - PORTABLE BARRIER   |
| 33  | 33 - MEDIAN CABLE BARRIER   |
| 34  | 34 - MEDIAN GUARDRAIL BARRIER   |
| 35  | 35 - MEDIAN CONCRETE BARRIER  |
| 36  | 36 - MEDIAN OTHER BARRIER   |
| 37  | 37 - TRAFFIC SIGN POST  |
| 38  | 38 - OVERHEAD SIGN POST   |
| 39  | 39 - LIGHT / LUMINARIES SUPPORT   |
| 40  | 40 - UTILITY POLE   |
| 41  | 41 - OTHER POST, POLE OR SUPPORT  |
| 42  | 42 - CULVERT  |
| 43  | 43 - CURB   |
| 44  | 44 - DITCH  |
| 45  | 45 - EMBANKMENT   |
| 46  | 46 - FENCE  |
| 47  | 47 - MAILBOX  |
| 48  | 48 - TREE   |
| 49  | 49 - FIRE HYDRANT   |
| 50  | 50 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 51  | 51 - WALL   |
| 52  | 52 - BUILDING   |
| 53  | 53 - TUNNEL   |
| 54  | 54 - OTHER FIXED OBJECT   |
| 55  | 55 - OTHER / UNKNOWN  |
| 1 <b>FIRST HARMFUL EVENT</b>                | 1 <b>MOST HARMFUL EVENT</b>   |

**LOCAL REPORT NUMBER**  
2025000000117

**DAMAGE**

**DAMAGE SCALE**

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

**4**

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**NO DAMAGE** [ 0 ]       **UNDERCARRIAGE** [ 14 ]

**TOP** [ 13 ]       **ALL AREAS** [ 15 ]

**UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

**1**

**TRAFFIC**

|                            |  |
|----------------------------|--|
| <b>TRAFFICWAY FLOW</b>     | <b>TRAFFIC CONTROL</b>   |
| 1 - ONE-WAY<br>2 - TWO-WAY | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |

**2**      **6**

**# OF THROUGH LANES ON ROAD**

**2**

**RAIL GRADE CROSSING**

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

**1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **8** TO

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

|                     |                              |
|---------------------|------------------------------|
| <b>UNIT SPEED</b>   | <b>DETECTED SPEED</b>        |
|                     | 1 - STATED / ESTIMATED SPEED |
| <b>POSTED SPEED</b> | 2 - CALCULATED / EDR         |
| <b>55</b>           | 3 - UNDETERMINED             |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2025000000117

|  |  |                                   |  |   |   |  |                              |                                    |                        |                     |
|--|--|-----------------------------------|--|---|---|--|------------------------------|------------------------------------|------------------------|---------------------|
| <b>UNIT #</b><br>1                       | <b>NAME: LAST, FIRST, MIDDLE</b><br>UNKNOWN, UNKNOWN |                                   |  |   | <b>DATE OF BIRTH</b>                          |  | <b>AGE</b>                   | <b>GENDER</b><br>U                 |                        |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |  |                              |                                    |                        |                     |
| <b>INJURIES</b><br>5                     | <b>INJURED TAKEN BY</b><br>9                         | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>99            | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1          | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>                       |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                              |                                    | <b>CITATION NUMBER</b> |                     |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>                                   | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>9  | <b>ALCOHOL TEST</b>          |                                    | <b>DRUG TEST(S)</b>    |                     |
|  |  |                                   |  |   |   | STATUS TYPE VALUE  |                              | STATUS TYPE RESULTS SELECT UP TO 4 |                        |                     |
|  |  |                                   |  |   |   | 1 1 .00  |                              | 1 1                                |                        |                     |

|  |                                  |                                   |  |   |   |  |                         |                                    |                        |                |
|--|----------------------------------|-----------------------------------|--|---|---|--|-------------------------|------------------------------------|------------------------|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |   | <b>DATE OF BIRTH</b>                          |  | <b>AGE</b>              | <b>GENDER</b>                      |                        |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |  |                         |                                    |                        |                |
| <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"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>               | <b>EJECTION</b>        | <b>TRAPPED</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                         |                                    | <b>CITATION NUMBER</b> |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                                    | <b>DRUG TEST(S)</b>    |                |
|  |                                  |                                   |  |   |   | STATUS TYPE VALUE  |                         | STATUS TYPE RESULTS SELECT UP TO 4 |                        |                |
|  |                                  |                                   |  |   |   | 1 1 .  |                         | 1 1                                |                        |                |

|  |                                  |                                   |  |   |   |  |                         |                                    |                        |                |
|--|----------------------------------|-----------------------------------|--|---|---|--|-------------------------|------------------------------------|------------------------|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |   | <b>DATE OF BIRTH</b>                          |  | <b>AGE</b>              | <b>GENDER</b>                      |                        |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |  |                         |                                    |                        |                |
| <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"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>               | <b>EJECTION</b>        | <b>TRAPPED</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                         |                                    | <b>CITATION NUMBER</b> |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                                    | <b>DRUG TEST(S)</b>    |                |
|  |                                  |                                   |  |   |   | STATUS TYPE VALUE  |                         | STATUS TYPE RESULTS SELECT UP TO 4 |                        |                |
|  |                                  |                                   |  |   |   | 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 (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (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 & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, VOICING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURIES TAKEN BY</b><br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                    | <b>OL ENDORSEMENT</b><br>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 |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b><br>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 - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|   |   |   |  |   |  | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2025000000117

|  |  |                                  |  |                         |  |  |                      |                 |                |
|--|--|----------------------------------|--|-------------------------|--|--|----------------------|-----------------|----------------|
| <b>OCCUPANT</b>                          | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         |  | <b>DATE OF BIRTH</b>                     |                      | <b>AGE</b>      | <b>GENDER</b>  |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         |  | <b>CONTACT PHONE</b> - 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</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  |                         | <b>DATE OF BIRTH</b>                             |  | <b>AGE</b>           | <b>GENDER</b>   |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  |                         | <b>CONTACT PHONE</b> - 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</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  |                         | <b>DATE OF BIRTH</b>                             |  | <b>AGE</b>           | <b>GENDER</b>   |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  |                         | <b>CONTACT PHONE</b> - 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</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  |                         | <b>DATE OF BIRTH</b>                             |  | <b>AGE</b>           | <b>GENDER</b>   |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  |                         | <b>CONTACT PHONE</b> - 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</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

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

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