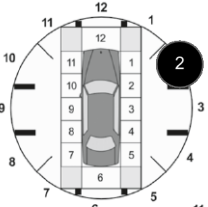
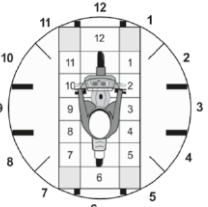
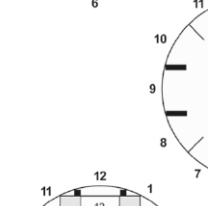
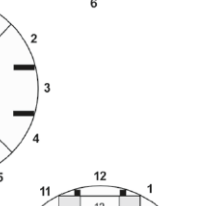
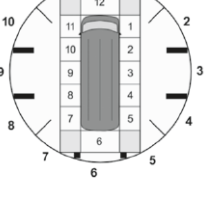
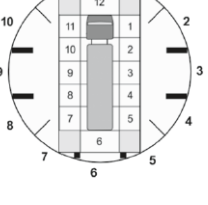
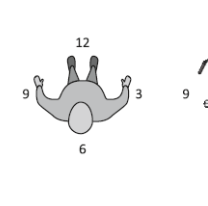
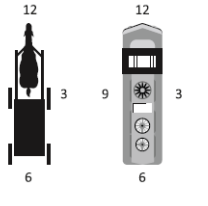


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3                                                                                                                                                                         |  | LOCAL INFORMATION                                                                                                                                                                                                                                                                                 |  | LOCAL REPORT NUMBER *                                                                                                                                                       |  |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER                                                                                                                                                                         |  | REPORTING AGENCY NAME *                                                                                                                                                                                                                                                                           |  | 20260000000885                                                                                                                                                              |  |
| <input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/>                                                                                                                                                                                                              |  | NCIC *                                                                                                                                                                                                                                                                                            |  | HIT/SKIP                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  | MADISON COUNTY SHERIFF                                                                                                                                                                                                                                                                            |  | 1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                  |  |
| COUNTY*                                                                                                                                                                                                                                                                                                                        |  | LOCALITY*                                                                                                                                                                                                                             |  | LOCATION: CITY, VILLAGE, TOWNSHIP*                                                                                                                                                                                                                                                                |  | NUMBER OF UNITS                                                                                                                                                             |  |
| 49                                                                                                                                                                                                                                                                                                                             |  | 3                                                                                                                                                                                                                                     |  | DEER CREEK (TOWNSHIP OF)                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                           |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                     |  | ROUTE NUMBER                                                                                                                                                                                                                          |  | PREFIX                                                                                                                                                                                                                                                                                            |  | CRASH DATE / TIME*                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                    |  | 05/21/2026 06:42                                                                                                                                                            |  |
| LOCATION ROAD NAME                                                                                                                                                                                                                                                                                                             |  | ROAD TYPE                                                                                                                                                                                                                             |  | LATITUDE DECIMAL DEGREES                                                                                                                                                                                                                                                                          |  | CRASH SEVERITY                                                                                                                                                              |  |
| GLADE RUN SE                                                                                                                                                                                                                                                                                                                   |  | RD                                                                                                                                                                                                                                    |  | 39.931230                                                                                                                                                                                                                                                                                         |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                  |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                                                                                                                  |  | ROAD TYPE                                                                                                                                                                                                                             |  | LONGITUDE DECIMAL DEGREES                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                             |  |
| 638                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                       |  | -83.360567                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                             |  |
| REFERENCE POINT                                                                                                                                                                                                                                                                                                                |  | DIRECTION FROM REFERENCE                                                                                                                                                                                                              |  | ROUTE TYPE                                                                                                                                                                                                                                                                                        |  | INTERSECTION RELATED                                                                                                                                                        |  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                               |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                        |  | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                                             |  | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                                             |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                        |  | DISTANCE UNIT OF MEASURE                                                                                                                                                                                                              |  | ROAD TYPE                                                                                                                                                                                                                                                                                         |  | NUMBER OF APPROACHES                                                                                                                                                        |  |
| 100.00                                                                                                                                                                                                                                                                                                                         |  | 2                                                                                                                                                                                                                                     |  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | ROADWAY                                                                                                                                                                     |  |
| LOCATION OF FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                |  | MANNER OF CRASH COLLISION/IMPACT                                                                                                                                                                                                      |  | DIRECTION OF TRAVEL                                                                                                                                                                                                                                                                               |  | MEDIAN TYPE                                                                                                                                                                 |  |
| 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>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   |  | 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 |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                    |  | 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                                                                                                                                                                                                                        |  | LOCATION OF CRASH IN WORK ZONE                                                                                                                                                                                                                                                                    |  | CONTOUR                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                       |  | 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                                                                                                                                                         |  | 1                                                                                                                                                                           |  |
| LIGHT CONDITION                                                                                                                                                                                                                                                                                                                |  | WEATHER                                                                                                                                                                                                                               |  | CONDITIONS                                                                                                                                                                                                                                                                                        |  | SURFACE                                                                                                                                                                     |  |
| 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                                                                                                                                                                    |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<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            |  | 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                                                                                                                                                 |  | 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                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                       |  | Aerial View                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                             |  |
| Unit 1 was traveling north on Glade Run road. The driver of Unit 1 entered into a seizure and left the roadway to the right striking the mailbox at 638 Glade Run Road. A passenger was able to steer Unit 1 until it came to a stop without causing further damage. Unit 1's driver was transported by squad to the hospital. |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                               |  |                                                                                                                                                                             |  |
| CRASH REPORTED DATE / TIME                                                                                                                                                                                                                                                                                                     |  | DISPATCH DATE / TIME                                                                                                                                                                                                                  |  | ARRIVAL DATE / TIME                                                                                                                                                                                                                                                                               |  | SCENE CLEARED DATE / TIME                                                                                                                                                   |  |
| 05/21/2026 06:42                                                                                                                                                                                                                                                                                                               |  | 05/21/2026 07:11                                                                                                                                                                                                                      |  | 05/21/2026 07:11                                                                                                                                                                                                                                                                                  |  | 05/21/2026 07:27                                                                                                                                                            |  |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                                                                                                                                                      |  | OTHER INVESTIGATION TIME                                                                                                                                                                                                              |  | TOTAL MINUTES                                                                                                                                                                                                                                                                                     |  | OFFICER'S NAME*                                                                                                                                                             |  |
| 0                                                                                                                                                                                                                                                                                                                              |  | 0                                                                                                                                                                                                                                     |  | 16                                                                                                                                                                                                                                                                                                |  | ROBERTS, JUSTIN C                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | CHECKED BY OFFICER'S NAME*                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | WINEBRENNER, TIMOTHY D                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | OFFICER'S BADGE NUMBER*                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | SO0024                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | SO0007                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | REPORT TAKEN BY                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> SUPPLEMENT                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                                 |  |

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                   |                                                                                                                            |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|
| OWNER                                                                                                                                                                                                                                                                          | UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>THOMAS, TROY | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)<br>614-607-2282 |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>63 E HIGH ST, LONDON, OH, 43140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                       |                                                                                                                            |                       |
| VEHICLE                                                                                                                                                                                                                                                                        | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LICENSE PLATE #<br>JNQ3317                                         | VEHICLE IDENTIFICATION #<br>5FRYD4H43GB024244                     | VEHICLE YEAR<br>2016                                                                                                       | VEHICLE MAKE<br>ACURA |
|                                                                                                                                                                                                                                                                                | INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSURANCE COMPANY                                                  |                                                                   | INSURANCE POLICY #                                                                                                         | COLOR<br>WHI          |
|                                                                                                                                                                                                                                                                                | 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<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HIT/SKIP UNIT<br><input type="checkbox"/>                          | # OCCUPANTS<br>2                                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |                       |
|                                                                                                                                                                                                                                                                                | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | UNIT TYPE<br>3<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<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)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                           |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | SPECIAL FUNCTION<br>1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | CARGO BODY TYPE<br>1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                   |                                                                                                                            |                       |
| VEHICLE DEFECTS<br>1<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                   |                                                                                                                            |                       |
| EVENTS (6)                                                                                                                                                                                                                                                                     | NON-MOTORIST LOCATION<br>1<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | ACTION<br>3<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTIONS<br>1<br>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<br>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<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                         |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | CONTRIBUTING CIRCUMSTANCES<br>11<br>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<br>8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                    |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | SEQUENCE OF EVENTS<br>1<br>8<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                               |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | COLLISION WITH FIXED OBJECT - STRUCK<br>4<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |                                                                    |                                                                   |                                                                                                                            |                       |
|                                                                                                                                                                                                                                                                                | FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                   |                                                                                                                            |                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20260000000885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>        |                                                                                                                          |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL<br>6 |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br>1            |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |
| UNIT SPEED<br>45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                               |
| POSTED SPEED<br>55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |

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| LOCAL REPORT NUMBER<br>2026000000885   |                                                                      |                                               |                   |                                                                                                 |                                   |                                                   |                  |               |          |         |
|----------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------|------------------|---------------|----------|---------|
| OCCUPANT                               | UNIT #                                                               | NAME: LAST, FIRST, MIDDLE                     |                   |                                                                                                 |                                   | DATE OF BIRTH                                     |                  | AGE           | GENDER   |         |
|                                        | 1                                                                    | DEVINNEY, PATRICIA, S                         |                   |                                                                                                 |                                   | 03/11/1973                                        |                  | 53            | F        |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP<br>63 E HIGH ST, LONDON, OH, 43140 |                                               |                   |                                                                                                 |                                   | CONTACT PHONE - INCLUDE AREA CODE<br>740-497-5451 |                  |               |          |         |
|                                        | INJURIES                                                             | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                 | SAFETY EQUIPMENT                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|                                        | 5                                                                    | 1                                             |                   |                                                                                                 | 4                                 |                                                   | 3                | 1             | 1        | 1       |
| OCCUPANT                               | UNIT #                                                               | NAME: LAST, FIRST, MIDDLE                     |                   |                                                                                                 |                                   | DATE OF BIRTH                                     |                  | AGE           | GENDER   |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 |                                   | CONTACT PHONE - INCLUDE AREA CODE                 |                  |               |          |         |
|                                        | INJURIES                                                             | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                 | SAFETY EQUIPMENT                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|                                        |                                                                      |                                               |                   |                                                                                                 |                                   |                                                   |                  |               |          |         |
| OCCUPANT                               | UNIT #                                                               | NAME: LAST, FIRST, MIDDLE                     |                   |                                                                                                 |                                   | DATE OF BIRTH                                     |                  | AGE           | GENDER   |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 |                                   | CONTACT PHONE - INCLUDE AREA CODE                 |                  |               |          |         |
|                                        | INJURIES                                                             | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                 | SAFETY EQUIPMENT                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|                                        |                                                                      |                                               |                   |                                                                                                 |                                   |                                                   |                  |               |          |         |
| OCCUPANT                               | UNIT #                                                               | NAME: LAST, FIRST, MIDDLE                     |                   |                                                                                                 |                                   | DATE OF BIRTH                                     |                  | AGE           | GENDER   |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 |                                   | CONTACT PHONE - INCLUDE AREA CODE                 |                  |               |          |         |
|                                        | INJURIES                                                             | INJURED TAKEN BY                              | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                 | SAFETY EQUIPMENT                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET  | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|                                        |                                                                      |                                               |                   |                                                                                                 |                                   |                                                   |                  |               |          |         |
| INJURIES                               |                                                                      | SAFETY EQUIPMENT USED                         |                   | SEATING POSITION                                                                                |                                   | AIR BAG USAGE                                     |                  |               |          |         |
| 1 - FATAL                              |                                                                      | 1 - NONE USED - VEHICLE OCCUPANT              |                   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                                       |                                   | 1 - NOT DEPLOYED                                  |                  |               |          |         |
| 2 - SUSPECTED SERIOUS INJURY           |                                                                      | 2 - SHOULDER BELT ONLY USED                   |                   | 2 - FRONT - MIDDLE                                                                              |                                   | 2 - DEPLOYED FRONT                                |                  |               |          |         |
| 3 - SUSPECTED MINOR INJURY             |                                                                      | 3 - LAP BELT ONLY USED                        |                   | 3 - FRONT - RIGHT SIDE                                                                          |                                   | 3 - DEPLOYED SIDE                                 |                  |               |          |         |
| 4 - POSSIBLE INJURY                    |                                                                      | 4 - SHOULDER & LAP BELT USED                  |                   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                                   |                                   | 4 - DEPLOYED BOTH FRONT/SIDE                      |                  |               |          |         |
| 5 - NO APPARENT INJURY                 |                                                                      | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                   | 5 - SECOND - MIDDLE                                                                             |                                   | 5 - NOT APPLICABLE                                |                  |               |          |         |
| INJURED TAKEN BY                       |                                                                      | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                                     |                                   | 9 - DEPLOYMENT UNKNOWN                            |                  |               |          |         |
| 1 - NOT TRANSPORTED / TREATED AT SCENE |                                                                      | 7 - BOOSTER SEAT                              |                   | 8 - THIRD - MIDDLE                                                                              |                                   | EJECTION                                          |                  |               |          |         |
| 2 - EMS                                |                                                                      | 8 - HELMET USED                               |                   | 9 - THIRD - RIGHT SIDE                                                                          |                                   | 1 - NOT EJECTED                                   |                  |               |          |         |
| 3 - POLICE                             |                                                                      | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |                   | 10 - SLEEPER SECTION OF TRUCK CAB                                                               |                                   | 2 - PARTIALLY EJECTED                             |                  |               |          |         |
| 9 - OTHER / UNKNOWN                    |                                                                      | 10 - REFLECTIVE CLOTHING                      |                   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                                   | 3 - TOTALLY EJECTED                               |                  |               |          |         |
| GENDER                                 |                                                                      | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                   | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                         |                                   | 4 - NOT APPLICABLE                                |                  |               |          |         |
| F - FEMALE                             |                                                                      | 99 - OTHER / UNKNOWN                          |                   | 13 - TRAILING UNIT                                                                              |                                   | TRAPPED                                           |                  |               |          |         |
| M - MALE                               |                                                                      |                                               |                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                             |                                   | 1 - NOT TRAPPED                                   |                  |               |          |         |
| U - OTHER / UNKNOWN                    |                                                                      |                                               |                   | 15 - NON-MOTORIST                                                                               |                                   | 2 - EXTRICATED BY MECHANICAL MEANS                |                  |               |          |         |
|                                        |                                                                      |                                               |                   | 99 - OTHER / UNKNOWN                                                                            |                                   | 3 - FREED BY NON-MECHANICAL MEANS                 |                  |               |          |         |
|                                        |                                                                      |                                               |                   |                                                                                                 |                                   |                                                   |                  |               |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                            |                                               |                   |                                                                                                 | DATE OF BIRTH                     |                                                   | AGE              | GENDER        |          |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE |                                                   |                  |               |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                            |                                               |                   |                                                                                                 | DATE OF BIRTH                     |                                                   | AGE              | GENDER        |          |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE |                                                   |                  |               |          |         |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                            |                                               |                   |                                                                                                 | DATE OF BIRTH                     |                                                   | AGE              | GENDER        |          |         |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                    |                                               |                   |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE |                                                   |                  |               |          |         |