

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

20260000000956

|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3                                                                                                                                                                                                               |  | LOCAL INFORMATION                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER                                                                                                                                                                                                               |  | REPORTING AGENCY NAME *                                                                                                                                                     |  | NCIC *                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                                                                                   |  | MADISON COUNTY SHERIFF                                                                                                                                                      |  | 04900                                                                                                                                                                                                                                                                                                          |  |
| COUNTY*<br>49                                                                                                                                                                                                                                                                                                                                                     |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3                                                                                                                                                                                                                   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>RANGE (TOWNSHIP OF)                                                                                                                   |  | CRASH DATE / TIME*<br>06/01/2026 08:13                                                                                                                                                                                                                                                                         |  |
| LOCATION<br>ROUTE TYPE                                                                                                                                                                                                                                                                                                                                            |  | ROUTE NUMBER                                                                                                                                                                                                                                                                |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | LOCATION ROAD NAME                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | CHARLESTON-CHILLICOTHE SW                                                                                                                                                                                                                                                                                      |  |
| REFERENCE<br>ROUTE TYPE                                                                                                                                                                                                                                                                                                                                           |  | ROUTE NUMBER                                                                                                                                                                                                                                                                |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | 14990                                                                                                                                                                                                                                                                                                          |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>3 2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                             |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>2                                                                                                                                                                                             |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |
| DISTANCE FROM REFERENCE<br>869.00                                                                                                                                                                                                                                                                                                                                 |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                                                                                                                         |  |                                                                                                                                                                             |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                                                                                                                                |  |
| LOCATION OF FIRST HARMFUL EVENT<br>2 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 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 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 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                       |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN                                                                                                                    |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                         |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                           |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>3 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN                                                                                                                                                                                              |  |
| LIGHT CONDITION<br>1 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                                                                                                                                                                                  |  | WEATHER<br>2 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                                     |  | CONDITIONS<br>1 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN           |  | SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                                                                                                                                                                |  |
| NARRATIVE<br>Unit one stated he fell asleep while driving, unit one then left roadway left into a ditch, rolled onto the driver side and struck a utility pole.                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE / TIME<br>06/01/2026 08:13                                                                                                                                                                                                                                                                                                                    |  | DISPATCH DATE / TIME<br>06/01/2026 08:43                                                                                                                                                                                                                                    |  | ARRIVAL DATE / TIME<br>06/01/2026 08:43                                                                                                                                     |  | SCENE CLEARED DATE / TIME<br>06/01/2026 10:02                                                                                                                                                                                                                                                                  |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                    |  | OTHER INVESTIGATION TIME<br>0                                                                                                                                                                                                                                               |  | TOTAL MINUTES<br>79                                                                                                                                                         |  | OFFICER'S NAME*<br>DELABAR, BRIAN C                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | CHECKED BY OFFICER'S NAME*<br>WINEBRENNER, TIMOTHY D                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | OFFICER'S BADGE NUMBER*<br>SO0026                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>SO0007                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                             |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                                                                                                                             |  |

|                                                     |                                                                                                      |                                                    |                                                   |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| OWNER                                               | UNIT #                                                                                               | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |
|                                                     | 1                                                                                                    | WORKMAN, DANIEL, JOSEPH                            |                                                   |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>46 LINCOLN ST, BLOOMINGBURG, OH, 43106 |                                                    |                                                   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE        |                                                   |

|                                                                                                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                        |               |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------|---------------|
| VEHICLE                                                                                                                | LP STATE                                               | LICENSE PLATE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE IDENTIFICATION #                                                                             | VEHICLE YEAR           | VEHICLE MAKE  |
|                                                                                                                        | OH                                                     | JZB5250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1G8ZS57N97F147578                                                                                    | 2007                   | SATURN        |
|                                                                                                                        | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE POLICY #                                                                                   | COLOR                  | VEHICLE MODEL |
|                                                                                                                        |                                                        | TREXIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11-34-047588431                                                                                      | DBL                    | OTHER/UNKNOWN |
|                                                                                                                        | TYPE OF USE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | US DOT #                                                                                             | TOWED BY: COMPANY NAME |               |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                        |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              |                                                        | # OCCUPANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAZARDOUS MATERIAL                                                                                   |                        |               |
|                                                                                                                        |                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |                        |               |
|                                                                                                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CLASS # PLACARD ID #                                                                                 |                        |               |
| UNIT TYPE                                                                                                              |                                                        | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                        |               |
| 1                                                                                                                      |                                                        | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                        |               |
| 1                                                                                                                      |                                                        | 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER<br>2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP |                                                                                                      |                        |               |
| # OF TRAILING UNITS                                                                                                    |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                        |               |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                          |                                                        | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                        |               |
| 2                                                                                                                      |                                                        | 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                        |               |
| SPECIAL FUNCTION                                                                                                       |                                                        | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                               |                                                                                                      |                        |               |
| CARGO BODY TYPE                                                                                                        |                                                        | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN<br>2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>10 - FLAT BED 14 - GARBAGE/REFUSE                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                        |               |
| VEHICLE DEFECTS                                                                                                        |                                                        | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                        |               |

|            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| EVENTS (6) | NON-MOTORIST LOCATION      | 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN<br>2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS<br>3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                                                                                                                                                                                                                                                                                                           |  |  |  |
|            | ACTION                     | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN<br>3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE<br>4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 18 - APPROACHING OR LEAVING VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 19 - STANDING<br>6 - STRUCK 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE |  |  |  |
|            | CONTRIBUTING CIRCUMSTANCES | 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY<br>2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION<br>3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING<br>4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY<br>5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER                                                                      |  |  |  |

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

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| LOCAL REPORT NUMBER                                                                                                                                                                                                          |                                                                                         |
| 20260000000956                                                                                                                                                                                                               |                                                                                         |
| DAMAGE                                                                                                                                                                                                                       |                                                                                         |
| DAMAGE SCALE                                                                                                                                                                                                                 |                                                                                         |
| 1 - NONE 3 - FUNCTIONAL DAMAGE<br>4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                     |                                                                                         |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                         |
|                                                                                                                                                                                                                              |                                                                                         |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |                                                                                         |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                     |                                                                                         |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP                                                                                                       |                                                                                         |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                         |
| TRAFFICWAY FLOW                                                                                                                                                                                                              | TRAFFIC CONTROL                                                                         |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                   | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                   | RAIL GRADE CROSSING                                                                     |
| 2                                                                                                                                                                                                                            | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING       |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                |                                                                                         |
| 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                |                                                                                         |
| UNIT SPEED                                                                                                                                                                                                                   | DETECTED SPEED                                                                          |
| 50                                                                                                                                                                                                                           | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                |
| POSTED SPEED                                                                                                                                                                                                                 |                                                                                         |
| 55                                                                                                                                                                                                                           |                                                                                         |

## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER<br>2026000000956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <table><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL<br/>2 - SUSPECTED SERIOUS INJURY<br/>3 - SUSPECTED MINOR INJURY<br/>4 - POSSIBLE INJURY<br/>5 - NO APPARENT INJURY</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br/>2 - FRONT - MIDDLE<br/>3 - FRONT - RIGHT SIDE<br/>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br/>5 - SECOND - MIDDLE<br/>6 - SECOND - RIGHT SIDE<br/>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br/>8 - THIRD - MIDDLE<br/>9 - THIRD - RIGHT SIDE<br/>10 - SLEEPER SECTION OF TRUCK CAB<br/>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br/>12 - PASSENGER IN UNENCLOSED CARGO AREA<br/>13 - TRAILING UNIT<br/>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br/>15 - NON-MOTORIST<br/>99 - OTHER / UNKNOWN</td><td>1 - NOT DEPLOYED<br/>2 - DEPLOYED FRONT<br/>3 - DEPLOYED SIDE<br/>4 - DEPLOYED BOTH FRONT/SIDE<br/>5 - 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BARBITURATES<br/>3 - BENZODIAZEPINES<br/>4 - CANNABINOIDS<br/>5 - COCAINE<br/>6 - OPIATES / OPIOIDS<br/>7 - OTHER<br/>8 - NEGATIVE RESULTS</td></tr></tbody></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                        |                                                                              |                                          |                    |                                                           |              | INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | 1 - 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CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - 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BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN |  |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |  |  |  |  |  |  | DRUG TEST RESULT(S)<br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIR BAG                                                                                                                                     | OL CLASS                                                                                                                                                                                                  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             | TEST STATUS                                                                                                                                                                         |                                        |                                                                              |                                          |                    |                                                           |              |          |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                      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| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL                                                                                        | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                            |                                        |                                                                              |                                          |                    |                                                           |              |          |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                            |  |                                                                                                   |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |                                                         |  |  |                                                                   |  |  |  |  |  |  |                                                                                                                                                                                     |
| INJURIES TAKEN BY<br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                           | OL ENDORSEMENT<br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                               | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                  |                                        |                                                                              |                                          |                    |                                                           |              |          |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                            |  |                                                                                                   |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |                                                         |  |  |                                                                   |  |  |  |  |  |  |                                                                                                                                                                                     |
| SAFETY EQUIPMENT<br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                       | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                   |                                        |                                                                              |                                          |                    |                                                           |              |          |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                          |                                                                                                            |  |                                                                                                   |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |                                                         |  |  |                                                                   |  |  |  |  |  |  |                                                                                                                                                                                     |
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                                                                                                    | DRUG TEST RESULT(S)<br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |                                        |                                                                              |                                          |                    |                                                           |              |          |                  |         |          |                   |                    |             |                                                                                                                          |                                                                                                                                                                                                                                      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LOCAL REPORT NUMBER

2026000000956

|          |                                   |                           |                   |                                                 |                  |                                                  |                  |               |          |         |
|----------|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| 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 |

|          |                                   |                           |                   |                                                 |                  |                                                  |                  |               |          |         |
|----------|-----------------------------------|---------------------------|-------------------|-------------------------------------------------|------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| 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      | 6 - SECOND - RIGHT SIDE                                                                         | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                                     | EJECTION                           |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                                                              | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE                                                                          | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                                                               | 3 - TOTALLY EJECTED                |
| GENDER                                 | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                         | TRAPPED                            |
| M - MALE                               |                                               | 13 - TRAILING UNIT                                                                              | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                             | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                        |                                               | 15 - NON-MOTORIST                                                                               | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                        |                                               | 99 - OTHER / UNKNOWN                                                                            |                                    |

|         |                                   |  |  |  |                                   |  |     |        |  |
|---------|-----------------------------------|--|--|--|-----------------------------------|--|-----|--------|--|
| 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 |  |
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|         |                                   |  |  |  |                                   |  |     |        |  |
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