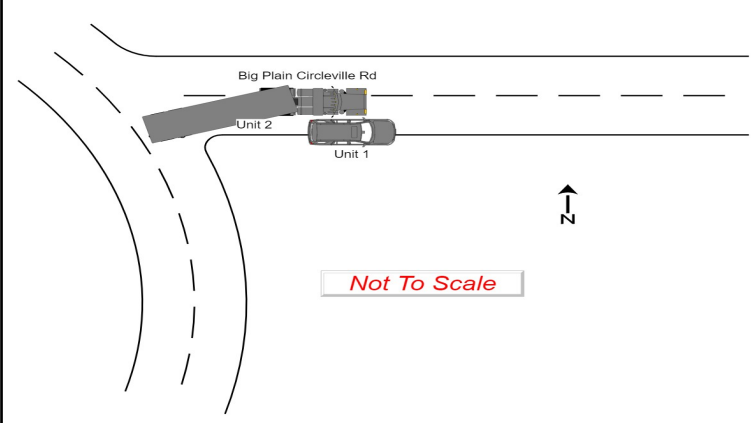


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

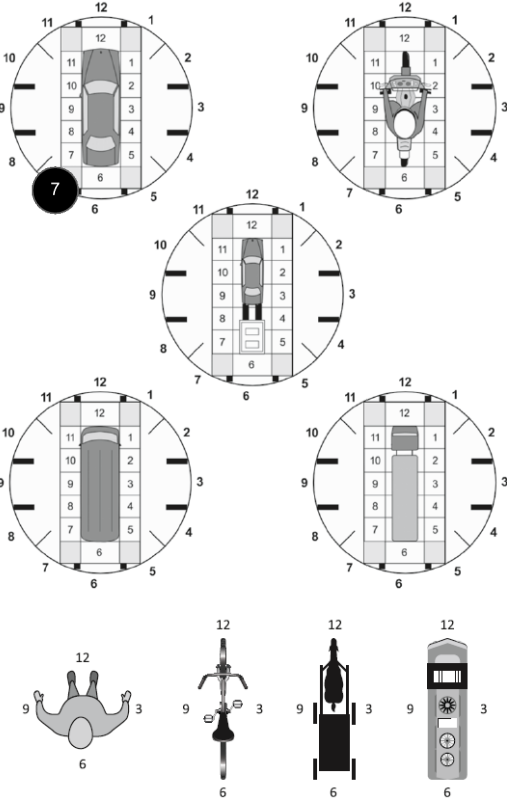
LOCAL REPORT NUMBER \*

2026000001138

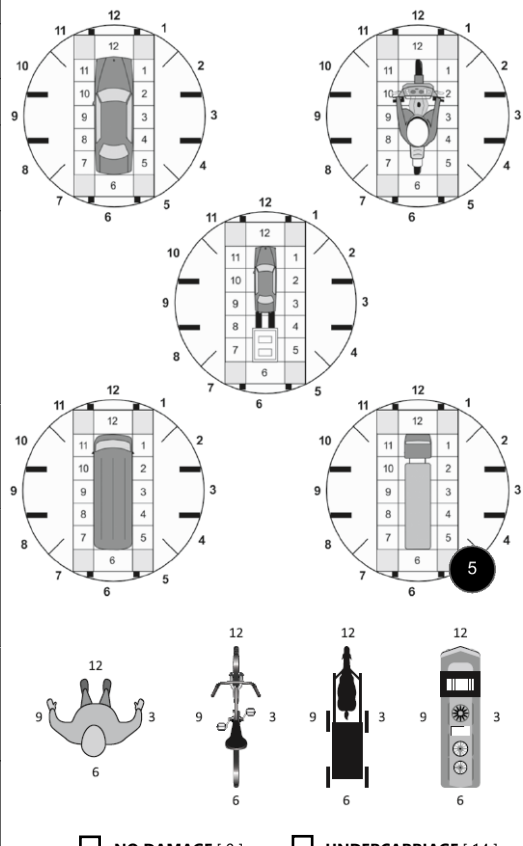
|                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                                                                |                                                           | <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3                                                                                                                                                                              |                                                                        | LOCAL INFORMATION                                                                                                                                                                                                                                                              |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                                                                                                                                         |                                         | NUMBER OF UNITS<br>2                                                                                                                                                 |                                                                                                    | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                                                             |  |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                             |                                                           | <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                                                                |                                                                        | REPORTING AGENCY NAME *<br>MADISON COUNTY SHERIFF                                                                                                                                                                                                                              |  | NCIC *<br>04900                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
| COUNTY*<br>49                                                                                                                                                                                                                                                                                                                                                        | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>OAK RUN (TOWNSHIP OF)                                                                                                                                                                                |                                                                        |                                                                                                                                                                                                                                                                                |  | CRASH DATE / TIME*<br>06/30/2026 21:54                                                                                                                                                                                                                                                                         |                                         | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                    |                                                                                                    |                                                                                                                                                                                          |  |
| LOCATION<br>ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                         | ROUTE NUMBER<br>56                                        | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                   | LOCATION ROAD NAME                                                     |                                                                                                                                                                                                                                                                                |  | ROAD TYPE                                                                                                                                                                                                                                                                                                      | LATITUDE DECIMAL DEGREES<br>39.854353   |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
| 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 #)<br>BIG PLAIN CIRCLEVILLE |                                                                                                                                                                                                                                                                                |  | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LONGITUDE DECIMAL DEGREES<br>-83.395307 |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                             |                                                           | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                                                                                                                                            |                                                                        | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                            |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                         | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES      |                                                                                                    |                                                                                                                                                                                          |  |
| DISTANCE FROM REFERENCE<br>100.00                                                                                                                                                                                                                                                                                                                                    |                                                           | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                                                                                        |                                                                        |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                |                                         | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                  |                                                                                                    |                                                                                                                                                                                          |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1<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 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>7 |  |                                                                                                                                                                                                                                                                                                                |                                         | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                                                                           |                                                                                                    | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                            |                                                           | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                          |                                                                        | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                    |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN                                                                                                                                                                                           |                                         | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN |                                                                                                    | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                                       |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>4                                                                                                                                                                                  |                                                           | WEATHER<br>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<br>1 |                                                                        |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
| NARRATIVE<br>Unit #1 had stopped alongside the roadway to answer his phone, unit #2 was passing same direction and sideswiped unit #1                                                                                                                                                                                                                                |                                                           |                                                                                                                                                                                                                                            |                                                                        |                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |
| CRASH REPORTED DATE / TIME<br>06/30/2026 21:54                                                                                                                                                                                                                                                                                                                       |                                                           | DISPATCH DATE / TIME<br>06/30/2026 21:55                                                                                                                                                                                                   |                                                                        | ARRIVAL DATE / TIME<br>06/30/2026 22:02                                                                                                                                                                                                                                        |  | SCENE CLEARED DATE / TIME<br>06/30/2026 22:23                                                                                                                                                                                                                                                                  |                                         | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                            |                                                                                                    |                                                                                                                                                                                          |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                       | OTHER INVESTIGATION TIME<br>0                             | TOTAL MINUTES<br>28                                                                                                                                                                                                                        | OFFICER'S NAME*<br>GIBSON, JACOB L                                     |                                                                                                                                                                                                                                                                                |  | CHECKED BY OFFICER'S NAME*<br>HUDDLESTON, BRYAN S                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                      | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                                                                                                                                                                            | OFFICER'S BADGE NUMBER*<br>SO0009                                      |                                                                                                                                                                                                                                                                                |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>SO0005                                                                                                                                                                                                                                                                   |                                         |                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                          |  |

|       |                                                                                                   |                                                                           |                                                   |  |
|-------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------|--|
| OWNER | UNIT #<br>1                                                                                       | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br>CHAPMAN, MICHAEL, S | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) |  |
|       | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)<br>6240 ST RT 56 SE, LONDON, OH, 43140 |                                                                           |                                                   |  |
|       | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                               |                                                                           | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE       |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                               |                                                                                                                            |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------|
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LICENSE PLATE #<br>KAK9065           | VEHICLE IDENTIFICATION #<br>5FNYP4H46AB036763 | VEHICLE YEAR<br>2010                                                                                                       | VEHICLE MAKE<br>HONDA  |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE COMPANY<br>HASTINGS MUTUAL | INSURANCE POLICY #<br>APV5181158              | COLOR<br>SIL                                                                                                               | VEHICLE MODEL<br>PILOT |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | US DOT #                                      | TOWED BY: COMPANY NAME                                                                                                     |                        |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | # OCCUPANTS<br>1                              | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                               |                                                                                                                            |                        |
| UNIT TYPE<br>3<br>1 - PASSENGER CAR 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?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0<br>1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                               |                                                                                                                            |                        |
| SPECIAL FUNCTION<br>1<br>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<br>1<br>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<br>1<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                               |                                                                                                                            |                        |
| NON-MOTORIST LOCATION<br>1<br>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<br>4<br>1 - NON-CONTACT 10<br>2 - NON-COLLISION 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>3 - STRIKING 4 - OVERTAKING/PASSING 12 - DRIVERLESS 16 - WORKING 99 - OTHER / UNKNOWN<br>4 - STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE<br>5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE                                                                                                                      |                                      |                                               |                                                                                                                            |                        |
| CONTRIBUTING CIRCUMSTANCES<br>1<br>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                                                                                        |                                      |                                               |                                                                                                                            |                        |
| SEQUENCE OF EVENTS<br>1<br>20<br>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<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 24 - OTHER MOVABLE OBJECT<br>6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER                                    |                                      |                                               |                                                                                                                            |                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>4<br>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 |                                      |                                               |                                                                                                                            |                        |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                               |                                                                                                                            |                        |

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| LOCAL REPORT NUMBER<br>20260000001138                                                                                                                                                                                                                                                                                                                              |  |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                                                                                                                                   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br><br><input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |  |
| INITIAL POINT OF CONTACT<br>7<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN<br>13 - TOP                                                                                                                                                                                                            |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>6<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL                                                                                                                                                                                   |  |
| # OF THROUGH LANES ON ROAD<br>2<br>RAIL GRADE CROSSING<br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                                                                                                                                                                                                                   |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO<br>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<br>POSTED SPEED<br>55<br>DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                                                     |  |

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
| OWNER                                                                                                                                                                                                                                       | UNIT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BST LEASING LLC, |                                               | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                      |                           |  |
|                                                                                                                                                                                                                                             | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>460 E HIGH ST, LONDON, OH, 43140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>BST BUILDING SYSTEMS TRANSPORTATION LONDON BUILD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>800-78-6453                                                                                      |                           |  |
|                                                                                                                                                                                                                                             | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LICENSE PLATE #<br>PWK4734                                                                      | VEHICLE IDENTIFICATION #<br>10TMAAC213S077403 | VEHICLE YEAR<br>2003                                                                                                                            | VEHICLE MAKE<br>OSHKOSH   |  |
| VEHICLE                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSURANCE COMPANY<br>COTTINGHAM & BUTLER                                                        | INSURANCE POLICY #<br>ZACAT9272405            | COLOR<br>WHI                                                                                                                                    | VEHICLE MODEL<br>S SERIES |  |
|                                                                                                                                                                                                                                             | TYPE OF USE<br><input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | US DOT #<br>3                                 | TOWED BY: COMPANY NAME                                                                                                                          |                           |  |
|                                                                                                                                                                                                                                             | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> HIT/SKIP UNIT                                                          | # OCCUPANTS<br>1                              | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                                                            |                           |  |
|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                               | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |                           |  |
|                                                                                                                                                                                                                                             | UNIT TYPE<br>15<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | # OF TRAILING UNITS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | AUTONOMOUS MODE LEVEL<br>0 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | SPECIAL FUNCTION<br>1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | CARGO BODY TYPE<br>6 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
| EVENTS (S)                                                                                                                                                                                                                                  | NON-MOTORIST LOCATION<br>1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | ACTION<br>3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 4 PRE-CRASH ACTIONS 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                                                |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | CONTRIBUTING CIRCUMSTANCES<br>10 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                                         |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | EVENTS<br>1 21 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT                                                                  |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | COLLISION WITH FIXED OBJECT - STRUCK<br>4 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER STRUCTURE 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                                                                 |                                               |                                                                                                                                                 |                           |  |
|                                                                                                                                                                                                                                             | FIRST HARMFUL EVENT<br>1 MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                               |                                                                                                                                                 |                           |  |

|                                                                                                                                                                                                                              |                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20260000001138                                                                                                                                                                                        |                                                                                                           |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                           |
| DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN<br>2                                                                                                                        |                                                                                                           |
| 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<br>0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN<br>5 1-12 - REFER TO UNIT DIAGRAM 13 - TOP                                                                               |                                                                                                           |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                           |
| TRAFFICWAY FLOW<br>1 - ONE-WAY 2 - TWO-WAY<br>2                                                                                                                                                                              | TRAFFIC CONTROL<br>1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL<br>6 |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING<br>1   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO<br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN                                                              |                                                                                                           |
| UNIT SPEED<br>15                                                                                                                                                                                                             | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                |
| POSTED SPEED<br>55                                                                                                                                                                                                           |                                                                                                           |

## Motorist / Non-Motorist

| LOCAL REPORT NUMBER<br>20260000001138                                              |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------|----------------------------|---|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------|-----------------------------------|---------------|-----------------|--------------|------------------------|------------------------|
| MOTORIST / NON-MOTORIST                                                            | UNIT #                                                                                 | NAME: LAST, FIRST, MIDDLE |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   | DATE OF BIRTH |                 |              | AGE                    | GENDER                 |
|                                                                                    | 2                                                                                      | HAZEL, COREY, M           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   | 10/23/1985    |                 |              | 40                     | M                      |
|                                                                                    | ADDRESS: STREET, CITY, STATE, ZIP                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  | CONTACT PHONE - INCLUDE AREA CODE |               |                 |              |                        |                        |
|                                                                                    | 5591 HIBERNIA DR, COLUMBUS, OH, 43232                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | INJURIES                                                                               | INJURED TAKEN BY          | EMS AGENCY (NAME)          |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                            |                                                                                                            | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION        | TRAPPED      |                        |                        |
| 5                                                                                  | 1                                                                                      |                           |                            |   |                                                                                                            | 4                                                                                                          |                       | 1                                                | 1                                 | 1             | 1               |              |                        |                        |
| MOTORIST / NON-MOTORIST                                                            | OL STATE                                                                               | OPERATOR LICENSE NUMBER   |                            |   | OFFENSE CHARGED                                                                                            |                                                                                                            | LOCAL CODE            | OFFENSE DESCRIPTION                              |                                   |               | CITATION NUMBER |              |                        |                        |
|                                                                                    | OH                                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | OL CLASS                                                                               | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY                                                                                       | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION                                        | ALCOHOL TEST                      |               |                 | DRUG TEST(S) |                        |                        |
| 1                                                                                  |                                                                                        |                           |                            | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                            | 1                     | STATUS                                           | TYPE                              | VALUE         | STATUS          | TYPE         | RESULTS SELECT UP TO 4 |                        |
| MOTORIST / NON-MOTORIST                                                            | 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 USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION        | TRAPPED      |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | OL STATE                                                                               | OPERATOR LICENSE NUMBER   |                            |   | OFFENSE CHARGED                                                                                            |                                                                                                            | LOCAL CODE            | OFFENSE DESCRIPTION                              |                                   |               | CITATION NUMBER |              |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| MOTORIST / NON-MOTORIST                                                            | OL CLASS                                                                               | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY                                                                                       | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION                                        | ALCOHOL TEST                      |               |                 | DRUG TEST(S) |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                       |                                                  | STATUS                            | TYPE          | VALUE           | STATUS       | TYPE                   | RESULTS SELECT UP TO 4 |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| MOTORIST / NON-MOTORIST                                                            | 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 USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION        | TRAPPED      |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | OL STATE                                                                               | OPERATOR LICENSE NUMBER   |                            |   | OFFENSE CHARGED                                                                                            |                                                                                                            | LOCAL CODE            | OFFENSE DESCRIPTION                              |                                   |               | CITATION NUMBER |              |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| MOTORIST / NON-MOTORIST                                                            | OL CLASS                                                                               | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY                                                                                       | ALCOHOL / DRUG SUSPECTED                                                                                   |                       | CONDITION                                        | ALCOHOL TEST                      |               |                 | DRUG TEST(S) |                        |                        |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                       |                                                  | STATUS                            | TYPE          | VALUE           | STATUS       | TYPE                   | RESULTS SELECT UP TO 4 |
|                                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| INJURIES                                                                           | 1 - FATAL                                                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - SUSPECTED SERIOUS INJURY                                                           |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - SUSPECTED MINOR INJURY                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - POSSIBLE INJURY                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - NO APPARENT INJURY                                                                 |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | INJURIES TAKEN BY                                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 1 - NOT TRANSPORTED /TREATED AT SCENE                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - EMS                                                                                |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - POLICE                                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 9 - OTHER / UNKNOWN                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | SAFETY EQUIPMENT                                                                       |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 1 - NONE USED                                                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 2 - SHOULDER BELT ONLY USED                                                        |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 3 - LAP BELT ONLY USED                                                             |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 4 - SHOULDER & LAP BELT USED                                                       |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                        |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                           |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 7 - BOOSTER SEAT                                                                   |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 8 - HELMET USED                                                                    |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)                                      |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 10 - REFLECTIVE CLOTHING                                                           |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                          |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 99 - OTHER / UNKNOWN                                                               |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| SEATING POSITION                                                                   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - FRONT - MIDDLE                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - FRONT - RIGHT SIDE                                                                 |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - SECOND - MIDDLE                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 6 - SECOND - RIGHT SIDE                                                                |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 8 - THIRD - MIDDLE                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 9 - THIRD - RIGHT SIDE                                                                 |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 13 - TRAILING UNIT                                                                 |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 15 - NON-MOTORIST                                                                  |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 99 - OTHER / UNKNOWN                                                               |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| AIR BAG                                                                            | 1 - NOT DEPLOYED                                                                       |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - DEPLOYED FRONT                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - DEPLOYED SIDE                                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| EJECTION                                                                           | 4 - DEPLOYED BOTH FRONT/SIDE                                                           |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - NOT APPLICABLE                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 9 - DEPLOYMENT UNKNOWN                                                                 |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| TRAPPED                                                                            | 1 - NOT EJECTED                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - PARTIALLY EJECTED                                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - TOTALLY EJECTED                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 4 - NOT APPLICABLE                                                                 |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| OL CLASS                                                                           | 1 - CLASS A                                                                            |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - CLASS B                                                                            |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - CLASS C                                                                            |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - REGULAR CLASS (OHIO = D)                                                           |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - M/C MOPED ONLY                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 6 - NO VALID OL                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | OL ENDORSEMENT                                                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | H - HAZMAT                                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | M - MOTORCYCLE                                                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | P - PASSENGER                                                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | N - TANKER                                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | Q - MOTOR SCOOTER                                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| R - THREE-WHEEL MOTORCYCLE                                                         |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| S - SCHOOL BUS                                                                     |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| T - DOUBLE & TRIPLE TRAILERS                                                       |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| X - TANKER / HAZMAT                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| GENDER                                                                             | F - FEMALE                                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | M - MALE                                                                               |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | U - OTHER / UNKNOWN                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| OL RESTRICTION(S)                                                                  | 1 - ALCOHOL INTERLOCK DEVICE                                                           |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - CDL INTRASTATE ONLY                                                                |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - CORRECTIVE LENSES                                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - FARM WAIVER                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - EXCEPT CLASS A BUS                                                                 |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 6 - EXCEPT CLASS A & CLASS B BUS                                                       |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 7 - EXCEPT TRACTOR-TRAILER                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 9 - LEARNER'S PERMIT RESTRICTIONS                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 10 - LIMITED TO DAYLIGHT ONLY                                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 11 - LIMITED TO EMPLOYMENT                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 12 - LIMITED - OTHER                                                                   |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 14 - MILITARY VEHICLES ONLY                                                        |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 15 - MOTOR VEHICLES WITHOUT AIR BRAKES                                             |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 16 - OUTSIDE MIRROR                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 17 - PROSTHETIC AID                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 18 - OTHER                                                                         |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| DRIVER DISTRACTION                                                                 | 1 - NOT DISTRACTED                                                                     |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)   |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                           |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 6 - PASSENGER                                                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                               |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 9 - OTHER / UNKNOWN                                                                    |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | CONDITION                                                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 1 - APPARENTLY NORMAL                                                                  |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - PHYSICAL IMPAIRMENT                                                                |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                  |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 4 - ILLNESS                                                                        |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.                                           |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                           |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 9 - OTHER / UNKNOWN                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| TEST STATUS                                                                        | 1 - NONE GIVEN                                                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - TEST REFUSED                                                                       |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - TEST GIVEN, RESULTS KNOWN                                                          |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - TEST GIVEN, RESULTS UNKNOWN                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | ALCOHOL TEST TYPE                                                                      |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 1 - NONE                                                                               |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 2 - BLOOD                                                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 3 - URINE                                                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 4 - BREATH                                                                             |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | 5 - OTHER                                                                              |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
|                                                                                    | DRUG TEST TYPE                                                                         |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 1 - NONE                                                                           |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 2 - BLOOD                                                                          |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 3 - URINE                                                                          |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 4 - OTHER                                                                          |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| DRUG TEST RESULT(S)                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 1 - AMPHETAMINES                                                                   |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 2 - BARBITURATES                                                                   |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 3 - BENZODIAZEPINES                                                                |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 4 - CANNABINOIDS                                                                   |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 5 - COCAINE                                                                        |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 6 - OPIATES / OPIOIDS                                                              |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 7 - OTHER                                                                          |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |
| 8 - NEGATIVE RESULTS                                                               |                                                                                        |                           |                            |   |                                                                                                            |                                                                                                            |                       |                                                  |                                   |               |                 |              |                        |                        |

|                                        |                                                                          |                                                  |                   |                                                 |                                                                                                 |                                                  |                                    |                    |               |              |
|----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|--------------------|---------------|--------------|
|                                        |                                                                          |                                                  |                   |                                                 |                                                                                                 | LOCAL REPORT NUMBER<br>20260000001138            |                                    |                    |               |              |
| OCCUPANT                               | UNIT #<br>1                                                              | NAME: LAST, FIRST, MIDDLE<br>CHAPMAN, MICHAEL, S |                   |                                                 |                                                                                                 | DATE OF BIRTH<br>07/18/1983                      |                                    | AGE<br>42          | GENDER<br>M   |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP<br>6240 ST RT 56 SE, LONDON, OH, 43140 |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
|                                        | INJURIES<br>5                                                            | INJURED TAKEN BY<br>1                            | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>4                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1              | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
| OCCUPANT                               | UNIT #                                                                   | NAME: LAST, FIRST, MIDDLE                        |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
|                                        | INJURIES                                                                 | INJURED TAKEN BY                                 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT                                                                                | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                   | AIR BAG USAGE      | EJECTION      | TRAPPED      |
| OCCUPANT                               | UNIT #                                                                   | NAME: LAST, FIRST, MIDDLE                        |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
|                                        | INJURIES                                                                 | INJURED TAKEN BY                                 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT                                                                                | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                   | AIR BAG USAGE      | EJECTION      | TRAPPED      |
| OCCUPANT                               | UNIT #                                                                   | NAME: LAST, FIRST, MIDDLE                        |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
|                                        | INJURIES                                                                 | INJURED TAKEN BY                                 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT                                                                                | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                   | AIR BAG USAGE      | EJECTION      | TRAPPED      |
| INJURIES                               |                                                                          | SAFETY EQUIPMENT USED                            |                   |                                                 | SEATING POSITION                                                                                |                                                  | AIR BAG USAGE                      |                    |               |              |
| 1 - FATAL                              |                                                                          | 1 - NONE USED - VEHICLE OCCUPANT                 |                   |                                                 | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                                       |                                                  | 1 - NOT DEPLOYED                   |                    |               |              |
| 2 - SUSPECTED SERIOUS INJURY           |                                                                          | 2 - SHOULDER BELT ONLY USED                      |                   |                                                 | 2 - FRONT - MIDDLE                                                                              |                                                  | 2 - DEPLOYED FRONT                 |                    |               |              |
| 3 - SUSPECTED MINOR INJURY             |                                                                          | 3 - LAP BELT ONLY USED                           |                   |                                                 | 3 - FRONT - RIGHT SIDE                                                                          |                                                  | 3 - DEPLOYED SIDE                  |                    |               |              |
| 4 - POSSIBLE INJURY                    |                                                                          | 4 - SHOULDER & LAP BELT USED                     |                   |                                                 | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                                   |                                                  | 4 - DEPLOYED BOTH FRONT/SIDE       |                    |               |              |
| 5 - NO APPARENT INJURY                 |                                                                          | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING      |                   |                                                 | 5 - SECOND - MIDDLE                                                                             |                                                  | 5 - NOT APPLICABLE                 |                    |               |              |
| INJURED TAKEN BY                       |                                                                          | 6 - CHILD RESTRAINT SYSTEM - REAR FACING         |                   |                                                 | 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                         |                   |                                                 | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |                                                  | 3 - TOTALLY EJECTED                |                    |               |              |
| GENDER                                 |                                                                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY        |                   |                                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                         |                                                  | 4 - NOT APPLICABLE                 |                    |               |              |
| F - FEMALE                             |                                                                          | 99 - OTHER / UNKNOWN                             |                   |                                                 | 13 - TRAILING UNIT                                                                              |                                                  | TRAPPED                            |                    |               |              |
| M - MALE                               |                                                                          |                                                  |                   |                                                 | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                             |                                                  | 1 - NOT TRAPPED                    |                    |               |              |
| U - OTHER / UNKNOWN                    |                                                                          |                                                  |                   |                                                 | 15 - NON-MOTORIST                                                                               |                                                  | 2 - EXTRICATED BY MECHANICAL MEANS |                    |               |              |
|                                        |                                                                          |                                                  |                   |                                                 | 99 - OTHER / UNKNOWN                                                                            |                                                  | 3 - FREED BY NON-MECHANICAL MEANS  |                    |               |              |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                                |                                                  |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                                |                                                  |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |
| WITNESS                                | NAME: LAST, FIRST, MIDDLE                                                |                                                  |                   |                                                 |                                                                                                 | DATE OF BIRTH                                    |                                    | AGE                | GENDER        |              |
|                                        | ADDRESS: STREET, CITY, STATE, ZIP                                        |                                                  |                   |                                                 |                                                                                                 | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                    |               |              |