

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

21-1631-12

|  |  |   |  |   |  |   |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br><b>REPORTING AGENCY NAME *</b><br>MADISON COUNTY SHERIFF   |  | <b>NCIC *</b><br>04900  |  | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED   |  | <b>NUMBER OF UNITS</b><br>1   |  | <b>UNIT IN ERROR</b><br>98 - ANIMAL<br>99 - UNKNOWN |  |
| <b>COUNTY*</b><br>49   |  | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3  |  | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Darby (Township of)  |  | <b>CRASH DATE / TIME*</b><br>12/08/2021 12:00   |  | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY<br>3 - MINOR INJURY<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |  |   |  |   |  |
| <b>ROUTE TYPE</b><br>LOCATION  |  | <b>ROUTE NUMBER</b>   |  | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>LOCATION ROAD NAME</b><br>Cemetery   |  | <b>ROAD TYPE</b><br>Pl  |  | <b>LATITUDE</b> DECIMAL DEGREES<br>40.094815  |  | <b>LONGITUDE</b> DECIMAL DEGREES<br>-83.249030      |  |
| <b>ROUTE TYPE</b><br>REFERENCE   |  | <b>ROUTE NUMBER</b>   |  | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>8415  |  | <b>ROAD TYPE</b>  |  |   |  |   |  |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |  | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4  |  | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                    |  | <b>ROAD TYPE</b><br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b>  |  |   |  |   |  |
| <b>DISTANCE FROM REFERENCE</b><br>66.00  |  | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2  |  | <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1 |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><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                                      |  | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>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  |  | <b>WORK ZONE TYPE</b><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  |  | <b>LOCATION OF CRASH IN WORK ZONE</b><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            |  | <b>CONTOUR</b><br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |  | <b>CONDITIONS</b><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 |  | <b>SURFACE</b><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   |  |   |  |
| <b>LIGHT CONDITION</b><br>1<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 |  | <b>WEATHER</b><br>1<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 |  | <b>NARRATIVE</b><br>u1 was traveling east bound when it failed to negotiate a curve, going off the roadway right.   |  |   |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>CRASH REPORTED DATE / TIME</b><br>12/08/2021 13:14  |  | <b>DISPATCH DATE / TIME</b><br>12/08/2021 13:34   |  | <b>ARRIVAL DATE / TIME</b><br>12/08/2021 13:47  |  | <b>SCENE CLEARED DATE / TIME</b><br>12/08/2021 14:01  |  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |   |  |   |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0  |  | <b>OTHER INVESTIGATION TIME</b><br>60   |  | <b>TOTAL MINUTES</b><br>87  |  | <b>OFFICER'S NAME*</b><br>Henry, Robert   |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Huddleston, Bryan  |  | <input type="checkbox"/> <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |   |  |
|  |  |   |  | <b>OFFICER'S BADGE NUMBER*</b><br>26  |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>5  |  |   |  |   |  |   |  |

|   |   |   |
|---|---|---|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>VOLL, JOSEPH, M | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>8535 LEADER DR, GALLOWAY, OH, 43119 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |  |   |   |                                   |
|---|--|---|---|-----------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>HZF3843                        | <b>VEHICLE IDENTIFICATION #</b><br>1GC3KVBG3AF103006  | <b>VEHICLE YEAR</b><br>2010   | <b>VEHICLE MAKE</b><br>CHEVROLET  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE                  | <b>INSURANCE POLICY #</b><br>952375295  | <b>COLOR</b><br>WHI   | <b>VEHICLE MODEL</b><br>SILVERADO |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |  | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME   |                                   |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> |                                   |
| <b>TYPE OF USE</b>  |  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | <b>CLASS #</b> <b>PLACARD ID #</b>  |                                   |

|                                 |  |  |   |   |   |
|---------------------------------|--|--|---|---|---|
| <b>UNIT TYPE</b><br>4           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN  | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># OF TRAILING UNITS</b><br>0 | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>1 - YES 2 - NO 9 - OTHER / UNKNOWN   |  |   |   |   |
| <b>SPECIAL FUNCTION</b><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 |  |   |   |   |
| <b>CARGO BODY TYPE</b><br>1     | 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   |  |   |   |   |
| <b>VEHICLE DEFECTS</b>          | 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   |  |   |   |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>NON-MOTORIST LOCATION</b><br>3       | 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  |  |  |  |  |
| <b>ACTION</b><br>3                      | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 10 - STRAIGHT AHEAD 11 - CHANGING LANES 12 - OVERTAKING/PASSING 13 - MAKING RIGHT TURN 14 - MAKING LEFT TURN 15 - MAKING U-TURN 16 - ENTERING TRAFFIC LANE 17 - LEAVING TRAFFIC LANE 18 - PARKED 19 - SLOWING OR STOPPED IN TRAFFIC 20 - DRIVERLESS 21 - NEGOTIATING A CURVE 22 - ENTERING OR CROSSING SPECIFIED LOCATION 23 - WALKING, RUNNING, JOGGING, PLAYING 24 - WORKING 25 - PUSHING VEHICLE 26 - APPROACHING OR LEAVING VEHICLE 27 - STANDING 28 - OTHER NON-MOTORIST 29 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN |  |  |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>11 | 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   |  |  |  |  |

|                                 |   |                                     |  |                          |                                      |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|---------------------------------|---|-------------------------------------|--|--------------------------|--------------------------------------|---|---|-----------------------|-------------------------|-----------------------|---------------------|---|---|--|--------------------|------------------------|--------------------------|---------------------------------|---------------------------|---|--|---------------|-----------------------|-----------------|---------------------------|--|---|--|---------------|-------------------|-----------------|--------------------------------------|--|---|--|-------------------------------------|--|----------------------|-----------------|---------------|---|--|-----------------------|--|--------------------|------------|-------------|--|--|--|--|--------------------|--------------|-------------------------|--|--|--|--|--|-----------|----------------------|--|--|--|--|--|-------------------|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|------------|--|--|--|--|--|--|-----------|--|
| <b>SEQUENCE OF EVENTS</b>       | <table border="1"> <tr> <td>1</td> <td>8</td> <td>1 - OVERTURN/ROLLOVER</td> <td>7 - SEPARATION OF UNITS</td> <td>12 - DOWNHILL RUNAWAY</td> <td>19 - ANIMAL - OTHER</td> <td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td> </tr> <tr> <td>2</td> <td></td> <td>2 - FIRE/EXPLOSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>13 - OTHER NON-COLLISION</td> <td>20 - MOTOR VEHICLE IN TRANSPORT</td> <td>24 - OTHER MOVABLE OBJECT</td> </tr> <tr> <td>3</td> <td></td> <td>3 - IMMERSION</td> <td>9 - RAN OFF ROAD LEFT</td> <td>14 - PEDESTRIAN</td> <td>21 - PARKED MOTOR VEHICLE</td> <td></td> </tr> <tr> <td>4</td> <td></td> <td>4 - JACKKNIFE</td> <td>10 - CROSS MEDIAN</td> <td>15 - PEDALCYCLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td></td> </tr> <tr> <td>5</td> <td></td> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> <td>16 - RAILWAY VEHICLE</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>6</td> <td></td> <td>6 - EQUIPMENT FAILURE</td> <td></td> <td>17 - ANIMAL - FARM</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>18 - ANIMAL - DEER</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>48 - TREE</td> <td>55 - OTHER / UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>49 - FIRE HYDRANT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>44 - DITCH</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>51 - WALL</td> <td></td> </tr> </table> |                                     |  |                          |                                      | 1   | 8 | 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 | 2 |  | 2 - FIRE/EXPLOSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT | 24 - OTHER MOVABLE OBJECT | 3 |  | 3 - IMMERSION | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 21 - PARKED MOTOR VEHICLE |  | 4 |  | 4 - JACKKNIFE | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |  | 5 |  | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 45 - EMBANKMENT | 52 - BUILDING | 6 |  | 6 - EQUIPMENT FAILURE |  | 17 - ANIMAL - FARM | 46 - FENCE | 53 - TUNNEL |  |  |  |  | 18 - ANIMAL - DEER | 47 - MAILBOX | 54 - OTHER FIXED OBJECT |  |  |  |  |  | 48 - TREE | 55 - OTHER / UNKNOWN |  |  |  |  |  | 49 - FIRE HYDRANT |  |  |  |  |  |  | 50 - WORK ZONE MAINTENANCE EQUIPMENT |  |  |  |  |  |  | 44 - DITCH |  |  |  |  |  |  | 51 - WALL |  |
| 1                               | 8   | 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 |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| 2                               |   | 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| 3                               |   | 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| 4                               |   | 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| 5                               |   | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     | 45 - EMBANKMENT                      | 52 - BUILDING   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| 6                               |   | 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM       | 46 - FENCE                           | 53 - TUNNEL   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  | 18 - ANIMAL - DEER       | 47 - MAILBOX                         | 54 - OTHER FIXED OBJECT   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  |                          | 48 - TREE                            | 55 - OTHER / UNKNOWN  |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  |                          | 49 - FIRE HYDRANT                    |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  |                          | 50 - WORK ZONE MAINTENANCE EQUIPMENT |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  |                          | 44 - DITCH                           |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
|                                 |   |                                     |  |                          | 51 - WALL                            |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |
| <b>FIRST HARMFUL EVENT</b><br>1 | <b>MOST HARMFUL EVENT</b><br>1  |                                     |  |                          |                                      |   |   |                       |                         |                       |                     |   |   |  |                    |                        |                          |                                 |                           |   |  |               |                       |                 |                           |  |   |  |               |                   |                 |                                      |  |   |  |                                     |  |                      |                 |               |   |  |                       |  |                    |            |             |  |  |  |  |                    |              |                         |  |  |  |  |  |           |                      |  |  |  |  |  |                   |  |  |  |  |  |  |                                      |  |  |  |  |  |  |            |  |  |  |  |  |  |           |  |

LOCAL REPORT NUMBER

21-1631-12

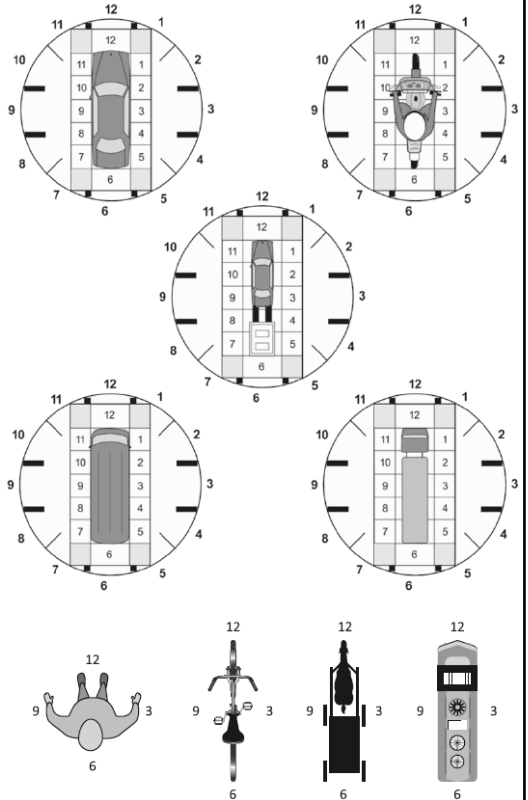
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]  **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

|  |                                 |   |
|--|---------------------------------|---|
| <b># OF THROUGH LANES ON ROAD</b><br>2 | <b>RAIL GRADE CROSSING</b><br>1 | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---------------------------------|---|

**UNIT / NON-MOTORIST DIRECTION**

FROM  8 TO  5

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

**UNIT SPEED**

45

**DETECTED SPEED**

1 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED**

55

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-1631-12

|   |  |                                   |  |  |   |   |   |                              |                           |                        |                     |                  |                               |
|---|--|-----------------------------------|--|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>FITZGERALD, KADEN, T |                                   |  |  | <b>DATE OF BIRTH</b><br>10/07/2003  |   | <b>AGE</b><br>18  | <b>GENDER</b><br>M           |                           |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>8535 LEADER DR, GALLOWAY, OH, 43119 |  |                                   |  |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |   |   |                              |                           |                        |                     |                  |                               |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>1                             | <b>EMS AGENCY (NAME)</b>          |  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                           |                                   |  | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>  |                              |                           | <b>CITATION NUMBER</b> |                     |                  |                               |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                       | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                     |                  |                               |
|   |  |                                   |  |  |   |   |   | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

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

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

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
21-1631-12

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

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

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

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