

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22-1401-11

|   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH -2<br><input type="checkbox"/> OH -1P<br><input type="checkbox"/> PRIVATE PROPERTY                                    |  | <input checked="" type="checkbox"/> OH -3<br><input type="checkbox"/> OTHER   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>MADISON COUNTY SHERIFF   |  | NCIC *<br>04900  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>2   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| COUNTY*<br>49   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Darby (Township of)   |  | CRASH DATE / TIME*<br>11/25/2022 09:40   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                         |  |  |  |  |  |  |  |
| ROUTE TYPE<br>SR  |  | ROUTE NUMBER<br>161   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | LOCATION ROAD NAME<br>Cemetery   |  | ROAD TYPE<br>PI  |  | LATITUDE DECIMAL DEGREES<br>40.104122  |  | LONGITUDE DECIMAL DEGREES<br>-83.230170  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | 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          |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |  | <input type="checkbox"/> ROADWAY DIVIDED   |  | NUMBER OF APPROACHES   |  |
| DISTANCE FROM REFERENCE   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  | 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 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON |  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                            |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA       |  | CONTOUR<br>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<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       |  | WEATHER<br>2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |  | NARRATIVE<br>Unit one failed to slow down for Unit two who was turning onto Cemetery Pike.                                   |  |  |  |  |  |  |  |  |  |
|   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CRASH REPORTED DATE / TIME<br>11/25/2022 09:40  |  | DISPATCH DATE / TIME<br>11/25/2022 09:42  |  | ARRIVAL DATE / TIME<br>11/25/2022 10:05   |  | SCENE CLEARED DATE / TIME<br>11/25/2022 10:38  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |  |  |  |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>OTHER INVESTIGATION TIME   |  | TOTAL MINUTES<br>56   |  | OFFICER'S NAME*<br>Delabar, Brian   |  | CHECKED BY OFFICER'S NAME*<br>Huddleston, Bryan  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |  |  |  |  |  |  |
|   |  |   |  | OFFICER'S BADGE NUMBER*<br>32   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>5  |  |  |  |  |  |  |  |  |  |

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|---|---|---|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GORTON, TODD, F | <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>9535 CHAMPAIGN CO LINE RD, WOODSTOCK, OH, 43084 |   |   |
| <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>JCW2669             | <b>VEHICLE IDENTIFICATION #</b><br>2GNALDEK5D6360804 | <b>VEHICLE YEAR</b><br>2013  | <b>VEHICLE MAKE</b><br>CHEVROLET |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>HASTINGS MUTUAL   | <b>INSURANCE POLICY #</b><br>APV5301402              | <b>COLOR</b><br>GRY  | <b>VEHICLE MODEL</b><br>EQUINOX  |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME  |                                  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>4                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # |                                  |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤ 10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.   |   |  |  |                                  |

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|---|---|--|---|---|---|
| <b>UNIT TYPE</b><br>3   | 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>  |   |  |   |   |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - OTHER/UNKNOWN   |  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>99   | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |  |   |   |   |
| <b>CARGO BODY TYPE</b><br>1   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |   |   |   |
| <b>VEHICLE DEFECTS</b><br>99  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |   |   |   |

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

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

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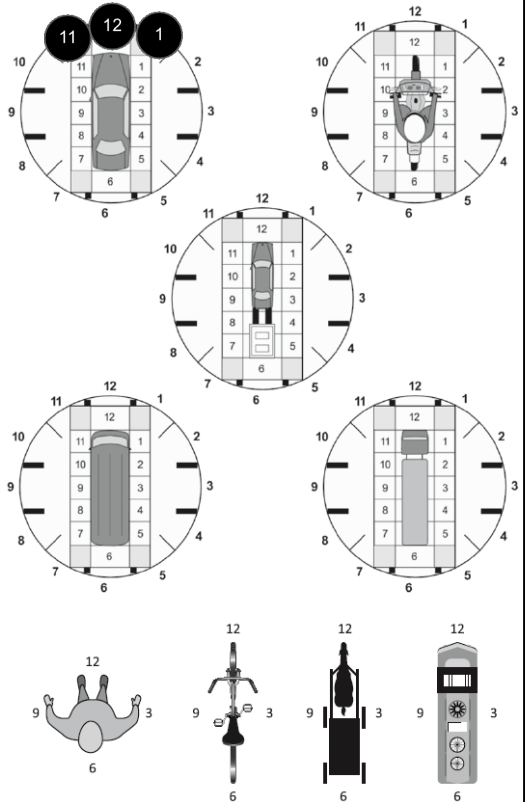
**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
2 - MINOR DAMAGE  
3 - FUNCTIONAL 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  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

|                           |   |
|---------------------------|---|
| <b>UNIT SPEED</b><br>53   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED |
| <b>POSTED SPEED</b><br>55 | 2 - CALCULATED / EDR<br>3 - UNDETERMINED              |



# MOTORIST / Non-MOTORIST

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|   |  |                                   |  |   |   |   |                              |                           |                        |                     |                               |
|---|--|-----------------------------------|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>GORTON, GRACE, C |                                   |  |   | <b>DATE OF BIRTH</b><br>08/21/2005            |   | <b>AGE</b><br>17             | <b>GENDER</b><br>F        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>9535 CHAMPAIGN CO LINE RD, WOODSTOCK, OH, 43084 |  |                                   |  |   | <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><br>1                       | <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><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>HENSEL, KIMBERLY, K |                                   |  |   | <b>DATE OF BIRTH</b><br>02/29/1960            |   | <b>AGE</b><br>62             | <b>GENDER</b><br>F        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1099 LANCASTER AVE, REYNOLDSBURG, OH, 43068 |   |                                   |  |   | <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><br>1                       | <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>                        | <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> |  | <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 MOPEL ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <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   |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |   |   |   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   |   |  | 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  
22-1401-11

|                 |   |  |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|---|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>MANGEN, LACI |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                              | <b>AGE</b>                | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>9575 WARD ROAD, PLAIN CITY, OH, 43064 |  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <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</b><br>2 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>4 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |   |  |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|---|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>FIELDS, KAYDEN |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                              | <b>AGE</b>                | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>15452 HAGENDERFER RD, PLAIN CITY, OH, 43064 |  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <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</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |  |  |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|--|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>MUELLER, CLAUDIA |                          |  |                              | <b>DATE OF BIRTH</b>                                    |                              | <b>AGE</b>                | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>16329 RIVERBIRCH DR, MARYSVILLE, OH, 43040 |  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <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</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>6 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |  |  |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|--|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>CARPENTER, MARY, A |                          |  |                              | <b>DATE OF BIRTH</b><br>04/01/1939                      |                              | <b>AGE</b><br>83          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>4018 WISTON DR, GROVEPORT, OH, 43125 |  |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <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</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION   | AIR BAG USAGE   |
|--|---|--|---|
| 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 |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 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   |
| GENDER   |   |  | TRAPPED   |
| 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<br>SCHUMM, SAVANNAH, E                              |  |  |  | <b>DATE OF BIRTH</b><br>09/15/1998 |  | <b>AGE</b><br>24 | <b>GENDER</b><br>F |  |  |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>15605 RIVER BIRCH CT, FINDLAY, OH, 45840 |  |  |  |                                    | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                  |                    |  |  |
|                | <b>INJURIES</b>  |  |  |  |                                    | <b>SAFETY EQUIPMENT</b>                  |                  |                    |  |  |

|                |  |  |  |  |                      |  |            |               |  |  |
|----------------|--|--|--|--|----------------------|--|------------|---------------|--|--|
| <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>INJURIES</b>                          |  |  |  |                      | <b>SAFETY EQUIPMENT</b>                  |            |               |  |  |

|                |  |  |  |  |                      |  |            |               |  |  |
|----------------|--|--|--|--|----------------------|--|------------|---------------|--|--|
| <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>INJURIES</b>                          |  |  |  |                      | <b>SAFETY EQUIPMENT</b>                  |            |               |  |  |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
22-1401-11

|                 |   |   |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|---|---|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>SNIDER, MONICA, L |                          |  |                              | <b>DATE OF BIRTH</b><br>01/24/1962                      |                              | <b>AGE</b><br>60          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>9490 SALEM CHURCH RD, CANAL WINCHESTER, OH, 43110 |   |                          |  |                              | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                              |                           |                      |                     |
|                 | <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</b><br>4 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>6 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |  |                                  |                          |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <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> |

| INJURIES   | SAFETY EQUIPMENT USED   | SEATING POSITION   | AIR BAG USAGE   |
|--|---|--|---|
| 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 |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 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   |
| GENDER   |   |  | TRAPPED   |
| 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> |  |  |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |  |  |                      | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |            |               |  |  |
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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 |            |               |  |  |
|                |  |  |  |  |                      |  |            |               |  |  |