

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0087-49

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH -2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION P21020900001946 REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 2		LOCATION: CITY, VILLAGE, TOWNSHIP* Lafayette		CRASH DATE / TIME* 02/09/2021 14:54		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
ROUTE TYPE US		ROUTE NUMBER 40		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Lafayette-Plain City		ROAD TYPE RD		LATITUDE DECIMAL DEGREES 39.937760		LONGITUDE DECIMAL DEGREES -83.405580	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4			
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		NARRATIVE Unit #1 was stopped eastbound at the intersection of US 40 and Lafayette-Plain City Road. Unit #2 was traveling westbound on US 40 in the right lane. Unit #1 failed to yield the left turn and struck Unit #2. Unit #2 drove off the right side of the roadway striking a street sign and a fence. Unit #1 spun and struck Unit #2 in the rear.									
CRASH REPORTED DATE / TIME 02/09/2021 14:54		DISPATCH DATE / TIME 02/09/2021 14:55		ARRIVAL DATE / TIME 02/09/2021 14:59		SCENE CLEARED DATE / TIME 02/09/2021 16:25		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 120		OFFICER'S NAME* Bailey, Ryan		CHECKED BY OFFICER'S NAME* Allen, Brandi		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)					
OFFICER'S BADGE NUMBER* 1815		CHECKED BY OFFICER'S BADGE NUMBER* 0979		TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 120		OFFICER'S NAME* Bailey, Ryan					

Not To Scale

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 THOMAS, LADONNA, L

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1700 DUN RD , LONDON, OH, 43140

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** DOL9581 **VEHICLE IDENTIFICATION #** 5FNRL38769B056749 **VEHICLE YEAR** 2009 **VEHICLE MAKE** HONDA

**INSURANCE VERIFIED** **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** 179 2293-A01-35B **COLOR** GRY **VEHICLE MODEL** ODYSSEY

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **TYPE OF USE**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 1 **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.

**MATERIAL**  **RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**TOWED BY:** COMPANY NAME BARKER'S TOWING

**UNIT TYPE** 1

**# OF TRAILING UNITS** 0

**VEHICLE MODE** WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 1

**CARGO BODY TYPE** 1

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT** 1

**ACTION** 3 **PRE-CRASH ACTIONS** 6

**CONTRIBUTING CIRCUMSTANCES** 2

**SEQUENCE OF EVENTS**

**EVENTS**

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**COLLISION WITH FIXED OBJECT - STRUCK**

LOCAL REPORT NUMBER

49-0087-49

**DAMAGE**

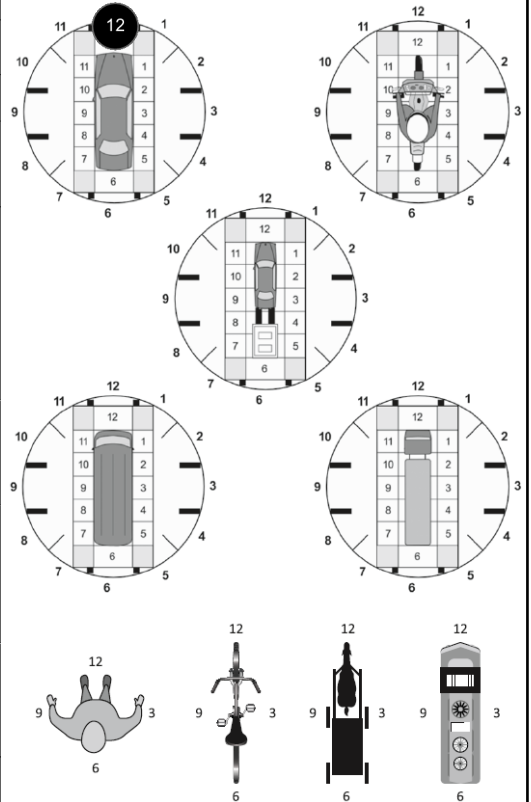
**DAMAGE SCALE**

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

4

**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  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 12

**TRAFFIC**

**TRAFFICWAY FLOW** 2 **TRAFFIC CONTROL** 6

**# OF THROUGH LANES ON ROAD** 4 **RAIL GRADE CROSSING** 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 1

**UNIT SPEED**

2

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED**

45

**OWNER**

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
COVER, DAVID, WILLIAM

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
2101 SUMMERFORD RD , SOUTH CHARLESTON, OH, 45368

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** FOA7717 **VEHICLE IDENTIFICATION #** 5FNRL38676B068380 **VEHICLE YEAR** 2006 **VEHICLE MAKE** HONDA

**INSURANCE VERIFIED** **INSURANCE COMPANY** ALLSTATE **INSURANCE POLICY #** 826357801 **COLOR** BLU **VEHICLE MODEL** ODYSSEY

**TYPE OF USE**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

**US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.

**TOWED BY:** COMPANY NAME  
BARKER'S TOWING

**HAZARDOUS MATERIAL**  
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**  
 PLACARD

**UNIT TYPE** 2

**# OF TRAILING UNITS** 0

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

**AUTONOMOUS MODE LEVEL** 0

**SPECIAL FUNCTION** 1

**CARGO BODY TYPE** 1

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 5

**PRE-CRASH ACTIONS** 1

**CONTRIBUTING CIRCUMSTANCES** 1

**SEQUENCE OF EVENTS**

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**EVENTS (S)**

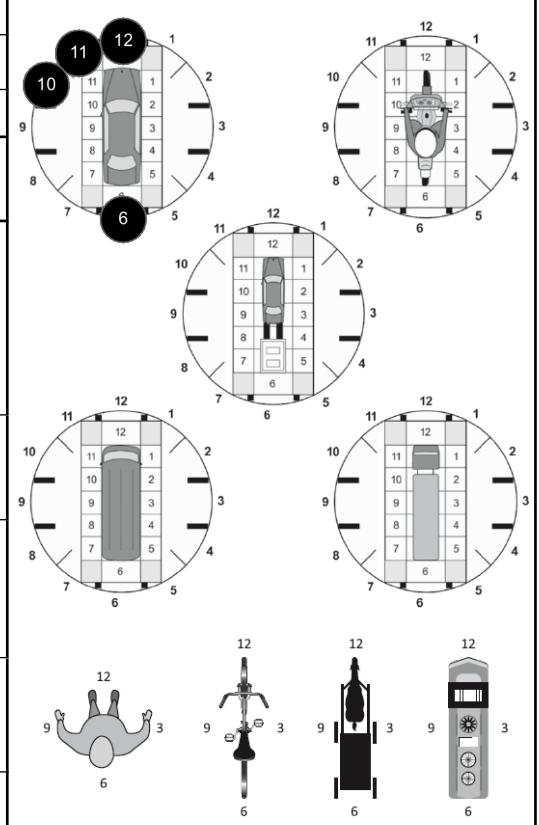
1 20  
2 8  
3 41  
4 46  
5  
6

**LOCAL REPORT NUMBER**  
49-0087-49

**DAMAGE**

**DAMAGE SCALE**  
 1 - NONE 3 - FUNCTIONAL DAMAGE  
 4 - 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  
 11 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC**

**TRAFFICWAY FLOW** 2  
 1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL** 6  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING** 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 3 TO 4  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 45

**POSTED SPEED** 45

**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
49-0087-49

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> THOMAS, DAVID, ALLEN				<b>DATE OF BIRTH</b> 05/12/1942		<b>AGE</b> 78	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1700 DUN RD , LONDON, OH, 43140					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 4511.42		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> RIGHT OF WAY WHEN TURNING LEFT -			<b>CITATION NUMBER</b> OHP49181502092021161		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> M	<b>RESTRICTION SELECT UP TO 3</b> 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> COVER, DAVID, WILLIAM				<b>DATE OF BIRTH</b> 09/28/1974		<b>AGE</b> 46	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2101 SUMMERFORD RD , S CHARLESTON, OH, 45368					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b> 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 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 <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> <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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 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 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
49-0087-49

<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"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</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"/> DOT-COMPLIANT MC HELMET	<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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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>
	V3 GROUP LLC	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP		<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
1270 S HIGH ST, COLUMBUS, OH, 43206		<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>
	MADISON COUNTY ENGINEER	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP		<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
825 US 42 NE, LONDON, OH, 43140		<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		