

TRAFFIC CRASH REPORT

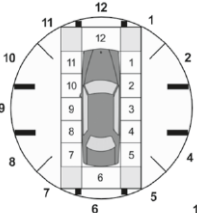
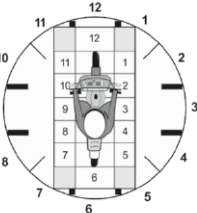
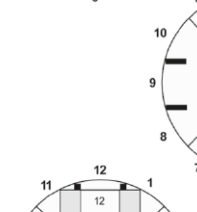
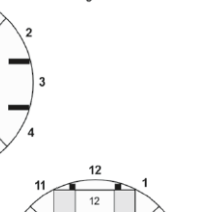
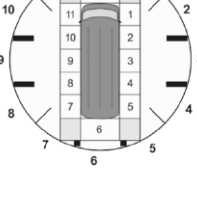
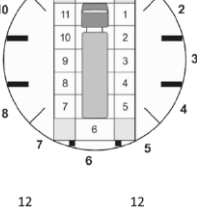
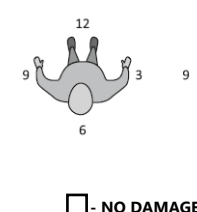
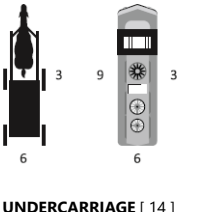
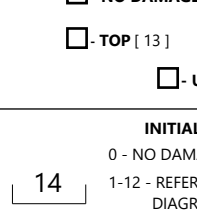
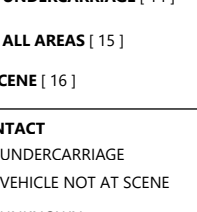
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

49-0279-49

☒ PHOTOS TAKEN		☒ OH -2 ☒ OH -3		LOCAL INFORMATION P26053100000505		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
☐ SECONDARY CRASH		☐ OH-1P ☐ OTHER		REPORTING AGENCY NAME * Ohio State Highway Patrol		NCIC * OHP49		CRASH DATE / TIME* 05/31/2026 02:58		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
COUNTY* 49		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Jefferson (Township of)		CRASH DATE / TIME* 05/31/2026 02:58		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
LOCATION ROUTE TYPE US		ROUTE NUMBER 40		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 39.945910	
REFERENCE ROUTE TYPE SR		ROUTE NUMBER 142		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE		LONGITUDE DECIMAL DEGREES -83.254800	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE 94.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ROADWAY ☒ ROADWAY DIVIDED			
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 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN 2		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4		WEATHER 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 1		NARRATIVE Unit 1 was turning southwest onto US-40 from State Route 142. Unit 1 struck a curb.		Diagram showing the intersection of SR-142 and US-40. Unit 1 is shown turning from SR-142 onto US-40. The location is identified as Plain City Georgesville Road.					
CRASH REPORTED DATE / TIME 05/31/2026 03:26		DISPATCH DATE / TIME 05/31/2026 03:26		ARRIVAL DATE / TIME 05/31/2026 03:35		SCENE CLEARED DATE / TIME 05/31/2026 04:35		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 129		OFFICER'S NAME* Tpr. BRYAN BRESKY U-0669		CHECKED BY OFFICER'S NAME* Bryner, James			
				OFFICER'S BADGE NUMBER* 0669		CHECKED BY OFFICER'S BADGE NUMBER* 1262		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			

OWNER	UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) REED, RANDIE, LYNN	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 779 DOZER DR, WEST JEFFERSON, OH, 43162				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # JH8996	VEHICLE IDENTIFICATION # 1HGCM66865A066248	VEHICLE YEAR 2005	VEHICLE MAKE HONDA
	INSURANCE VERIFIED ☐	INSURANCE COMPANY NO FRA SHOWN	INSURANCE POLICY #	COLOR DGR	VEHICLE MODEL ACCORD
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME PRO TOW	
	INTERLOCK DEVICE EQUIPPED ☐	HIT/SKIP UNIT ☐	# OCCUPANTS 1	HAZARDOUS MATERIAL CLASS # PLACARD ID #	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.				
	UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN				
	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
	CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN					
EVENTS (6)	NON-MOTORIST LOCATION 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
	ACTION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE				
	CONTRIBUTING CIRCUMSTANCES 11 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
	SEQUENCE OF EVENTS 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
	COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
	FIRST HARMFUL EVENT 1				
	MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 49-0279-49	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 14	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 1	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 6 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 25	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED 50	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER 49-0279-49													
MOTORIST / NON-MOTORIST	UNIT # 1	NAME: LAST, FIRST, MIDDLE REED, RANDIE, LYNN				DATE OF BIRTH 07/04/1987		AGE 38	GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 779 DOZER DR, WEST JEFFERSON, OH, 43162					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
MOTORIST / NON-MOTORIST	OL STATE OH	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 4511.202	LOCAL CODE ☐	OFFENSE DESCRIPTION OPERATING VEHICLE WITHOUT REAS		CITATION NUMBER OHP49066905312026051				
	OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS TYPE VALUE 2 1		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 1 1			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
MOTORIST / NON-MOTORIST	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4			
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CDL INTRASTATE ONLY		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE		4 - REGULAR CLASS (OHIO = D)		3 - CORRECTIVE LENSES		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		4 - FARM WAIVER		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		5 - EXCEPT CLASS A BUS & CLASS B BUS		6 - PASSENGER			
		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						6 - EXCEPT CLASS A		7 - OTHER DISTRACTION INSIDE THE VEHICLE			
		8 - THIRD - MIDDLE						7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE			
		9 - THIRD - RIGHT SIDE						8 - INTERMEDIATE LICENSE RESTRICTIONS		9 - OTHER / UNKNOWN			
		10 - SLEEPER SECTION OF TRUCK CAB						9 - LEARNER'S PERMIT RESTRICTIONS					
		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						10 - LIMITED TO DAYLIGHT ONLY					
		12 - PASSENGER IN UNENCLOSED CARGO AREA						11 - LIMITED TO EMPLOYMENT					
		13 - TRAILING UNIT						12 - LIMITED - OTHER					
		14 - RIDING ON VEHICLE EXTERIOR						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
		15 - NON-MOTORIST						14 - MILITARY VEHICLES ONLY					
		99 - OTHER / UNKNOWN						15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
								16 - OUTSIDE MIRROR					
								17 - PROSTHETIC AID					
								18 - OTHER					
INJURIES TAKEN BY				EJECTION		OL ENDORSEMENT				CONDITION		DRUG TEST TYPE	
1 - NOT TRANSPORTED /TREATED AT SCENE				1 - NOT EJECTED		H - HAZMAT				1 - APPARENTLY NORMAL		1 - NONE	
2 - EMS				2 - PARTIALLY EJECTED		M - MOTORCYCLE				2 - PHYSICAL IMPAIRMENT		2 - BLOOD	
3 - POLICE				3 - TOTALLY EJECTED		P - PASSENGER				3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE	
9 - OTHER / UNKNOWN				4 - NOT APPLICABLE		N - TANKER				4 - ILLNESS		4 - OTHER	
						Q - MOTOR SCOOTER				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			
						R - THREE-WHEEL MOTORCYCLE				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			
						S - SCHOOL BUS				9 - OTHER / UNKNOWN			
						T - DOUBLE & TRIPLE TRAILERS							
						X - TANKER / HAZMAT							
SAFETY EQUIPMENT				TRAPPED		GENDER						DRUG TEST RESULT(S)	
1 - NONE USED				1 - NOT TRAPPED		F - FEMALE						1 - AMPHETAMINES	
2 - SHOULDER BELT ONLY USED				2 - EXTRICATED BY MECHANICAL MEANS		M - MALE						2 - BARBITURATES	
3 - LAP BELT ONLY USED				3 - FREED BY NON-MECHANICAL MEANS		U - OTHER / UNKNOWN						3 - BENZODIAZEPINES	
4 - SHOULDER & LAP BELT USED												4 - CANNABINOIDS	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING												5 - COCAINE	
6 - CHILD RESTRAINT SYSTEM - REAR FACING												6 - OPIATES / OPIOIDS	
7 - BOOSTER SEAT												7 - OTHER	
8 - HELMET USED												8 - NEGATIVE RESULTS	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)													
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

49-0279-49

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