

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0433-49

|  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH -2 | <input checked="" type="checkbox"/> OH -3 | LOCAL INFORMATION<br>P25100300001863                 |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P            | <input type="checkbox"/> OTHER            | REPORTING AGENCY NAME *<br>Ohio State Highway Patrol |
| <input type="checkbox"/> PRIVATE PROPERTY        |   |   | NCIC *<br>OHP49                                      |

|  |                      |   |
|--|----------------------|---|
| HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>2 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br>1 |
|--|----------------------|---|

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| COUNTY*<br>49 | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Jefferson (Township of) | CRASH DATE / TIME*<br>10/03/2025 14:51 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5 |
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| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>Plain City Georgesville          | ROAD TYPE<br>RD | LATITUDE DECIMAL DEGREES<br>40.013164   |
| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Lucas | ROAD TYPE<br>RD | LONGITUDE DECIMAL DEGREES<br>-83.262086 |

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| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1 | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1 | 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 | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>0.20  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>1             |   |   |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

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|--|--|--|--|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>1 | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>6 | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3 | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
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| <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 |
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| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>1 |
|---|--|

NARRATIVE  
Unit#1 and Unit#2 were traveling northbound on Plain City Georgesville Rd. Unit#2 was passing Unit#1 on the left. Unit#1 made a left turn and struck Unit#2.

Private Drive

Plain City Georgesville Rd

|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>10/03/2025 14:51   | DISPATCH DATE / TIME<br>10/03/2025 14:51 | ARRIVAL DATE / TIME<br>10/03/2025 15:05 | SCENE CLEARED DATE / TIME<br>10/03/2025 15:59 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME                 | TOTAL MINUTES<br>68                     | OFFICER'S NAME*<br>Tpr. Darrin Banks U-0814   | CHECKED BY OFFICER'S NAME*<br>Gray, Troy  |
|  |  |   | OFFICER'S BADGE NUMBER*<br>0814               | CHECKED BY OFFICER'S BADGE NUMBER*<br>1838  |
| <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |  |   |   |   |

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| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>FIVE STAR COMMUNICATIONS LLC, | <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>725 S 3RD ST, OMAHA, NE, 68105 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP<br>FIVE STAR COMMUNICATIONS LLC, , 725 S 3RD ST, OMAHA,           |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |   |                               |
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| <b>LP STATE</b><br>NE  | <b>LICENSE PLATE #</b><br>ABP143              | <b>VEHICLE IDENTIFICATION #</b><br>1FDRF3H67MED58930 | <b>VEHICLE YEAR</b><br>2021   | <b>VEHICLE MAKE</b><br>FORD   |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>TRAVELERS         | <b>INSURANCE POLICY #</b><br>810A2645991             | <b>COLOR</b><br>WHI   | <b>VEHICLE MODEL</b><br>F-350 |
| <input checked="" type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>                   |   | <b>US DOT #</b><br>3434624                           | <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>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <input type="checkbox"/> <b>PLACARD ID #</b> |                               |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>2 <input type="checkbox"/> 1 - ≤10K LBS.<br><input type="checkbox"/> 2 - 10.001 - 26K LBS.<br><input type="checkbox"/> 3 - > 26K LBS. |   |  |   |                               |

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| <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>1 |   |  |   |   |   |
| <b>VEHICLE MODE</b><br>2        | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>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>1    | 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>          | 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</b><br>3      | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>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<br>6 <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<br>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<br>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<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |  |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>6 | 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<br>8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>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<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |  |  |  |

|                                 |   |  |                          |                                      |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|---------------------------------|---|--|--------------------------|--------------------------------------|---|-------------------------------|-----------------------|-------------------------|-----------------------|---------------------|---|----------------------------|--------------------|------------------------|--------------------------|---------------------------------|---------------------------|----------------------------|---------------|-----------------------|-----------------|---------------------------|--|----------------------------|---------------|-------------------|-----------------|--------------------------------------|--|----------------------------|-------------------------------------|--|----------------------|-----------------|---------------|----------------------------|-----------------------|--|--------------------|------------|-------------|--|--|--|--------------------|--------------|-------------------------|--|--|--|--|-----------|----------------------|--|--|--|--|-------------------|--|--|--|--|--|--------------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|--------------|--|--|--|--|--|-----------|--|--|--|--|--|------------|--|
| <b>SEQUENCE OF EVENTS</b>       | <table border="1"> <tr> <td>1 <input type="checkbox"/> 20</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 <input type="checkbox"/></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 <input type="checkbox"/></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 <input type="checkbox"/></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 <input type="checkbox"/></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 <input type="checkbox"/></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>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>48 - TREE</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <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>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>42 - CULVERT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>43 - CURB</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>44 - DITCH</td> <td></td> </tr> </table> |  |                          |                                      |   | 1 <input type="checkbox"/> 20 | 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 <input type="checkbox"/> | 2 - FIRE/EXPLOSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT | 24 - OTHER MOVABLE OBJECT | 3 <input type="checkbox"/> | 3 - IMMERSION | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 21 - PARKED MOTOR VEHICLE |  | 4 <input type="checkbox"/> | 4 - JACKKNIFE | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |  | 5 <input type="checkbox"/> | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 45 - EMBANKMENT | 52 - BUILDING | 6 <input type="checkbox"/> | 6 - EQUIPMENT FAILURE |  | 17 - ANIMAL - FARM | 46 - FENCE | 53 - TUNNEL |  |  |  | 18 - ANIMAL - DEER | 47 - MAILBOX | 54 - OTHER FIXED OBJECT |  |  |  |  | 48 - TREE | 99 - OTHER / UNKNOWN |  |  |  |  | 49 - FIRE HYDRANT |  |  |  |  |  | 50 - WORK ZONE MAINTENANCE EQUIPMENT |  |  |  |  |  | 41 - OTHER POST, POLE OR SUPPORT |  |  |  |  |  | 42 - CULVERT |  |  |  |  |  | 43 - CURB |  |  |  |  |  | 44 - DITCH |  |
| 1 <input type="checkbox"/> 20   | 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 <input type="checkbox"/>      | 2 - FIRE/EXPLOSION  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
| 3 <input type="checkbox"/>      | 3 - IMMERSION   | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
| 4 <input type="checkbox"/>      | 4 - JACKKNIFE   | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
| 5 <input type="checkbox"/>      | 5 - CARGO / EQUIPMENT LOSS OR SHIFT   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     | 45 - EMBANKMENT                      | 52 - BUILDING   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
| 6 <input type="checkbox"/>      | 6 - EQUIPMENT FAILURE   |  | 17 - ANIMAL - FARM       | 46 - FENCE                           | 53 - TUNNEL   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  | 18 - ANIMAL - DEER       | 47 - MAILBOX                         | 54 - OTHER FIXED OBJECT   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 48 - TREE                            | 99 - OTHER / UNKNOWN  |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 49 - FIRE HYDRANT                    |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 50 - WORK ZONE MAINTENANCE EQUIPMENT |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 41 - OTHER POST, POLE OR SUPPORT     |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 42 - CULVERT                         |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 43 - CURB                            |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
|                                 |   |  |                          | 44 - DITCH                           |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |
| <b>FIRST HARMFUL EVENT</b><br>1 | <b>MOST HARMFUL EVENT</b><br>1  |  |                          |                                      |   |                               |                       |                         |                       |                     |   |                            |                    |                        |                          |                                 |                           |                            |               |                       |                 |                           |  |                            |               |                   |                 |                                      |  |                            |                                     |  |                      |                 |               |                            |                       |  |                    |            |             |  |  |  |                    |              |                         |  |  |  |  |           |                      |  |  |  |  |                   |  |  |  |  |  |                                      |  |  |  |  |  |                                  |  |  |  |  |  |              |  |  |  |  |  |           |  |  |  |  |  |            |  |

LOCAL REPORT NUMBER

49-0433-49

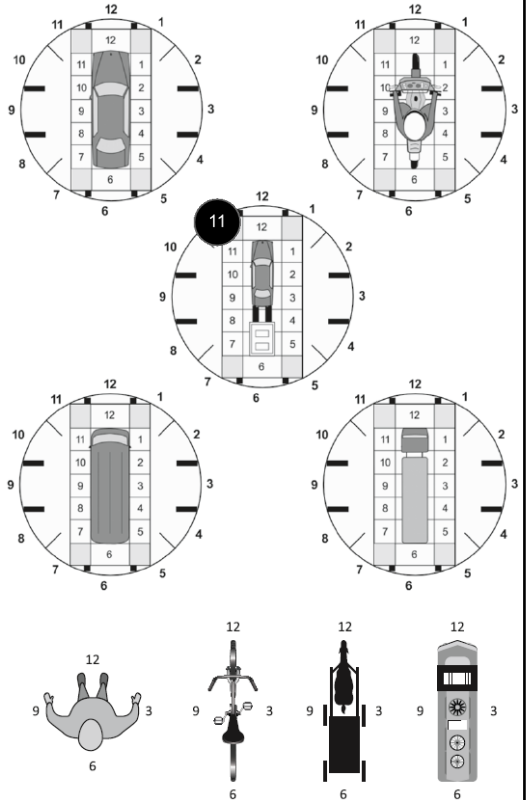
**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
2  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  
11  1-12 - REFER TO UNIT DIAGRAM  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

**TRAFFIC**

|   |   |
|---|---|
| <b>TRAFFICWAY FLOW</b><br>2 <input type="checkbox"/> 1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>6 <input type="checkbox"/> 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 <input type="checkbox"/> | <b>RAIL GRADE CROSSING</b><br>1 <input type="checkbox"/> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---|--|

**UNIT / NON-MOTORIST DIRECTION**

FROM 2  TO 4

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

**UNIT SPEED**

5

**DETECTED SPEED**

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

**POSTED SPEED**

50

**OWNER**

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**ASLAM, VALERIE, J**

**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 7400 BERKSHIRE RD, SUNBURY, OH, 43074

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

**VEHICLE**

**LP STATE** OH **LICENSE PLATE #** KKE8978 **VEHICLE IDENTIFICATION #** KNMAT2MT1FP553249 **VEHICLE YEAR** 2015 **VEHICLE MAKE** NISSAN

**INSURANCE VERIFIED** **INSURANCE COMPANY** ALL STATE **INSURANCE POLICY #** 975636915 **COLOR** RED **VEHICLE MODEL** ROGUE

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 2 **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.

**TOWED BY:** COMPANY NAME **SET OWN ARRANGEMENTS**

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

**UNIT TYPE** 3

**# 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**

**ACTION** 4

**PRE-CRASH ACTIONS** 4

**CONTRIBUTING CIRCUMSTANCES** 1

**SEQUENCE OF EVENTS**

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

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

**EVENTS (S)**

**SEQUENCE OF EVENTS**

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

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

**LOCAL REPORT NUMBER**  
49-0433-49

**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**

**TRAFFICWAY FLOW** 2

**TRAFFIC CONTROL** 6

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING** 1

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1

**UNIT SPEED** 45

**DETECTED SPEED** 1

**POSTED SPEED** 50

# MOTORIST / Non-MOTORIST

**LOCAL REPORT NUMBER**  
49-0433-49

|  |  |                                   |  |   |   |   |                              |                           |  |                     |                               |
|--|--|-----------------------------------|--|---|---|---|------------------------------|---------------------------|--|---------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>BORQUEZ FLORES, HUMBERTO |                                   |  |   | <b>DATE OF BIRTH</b><br>03/27/1992            |   | <b>AGE</b><br>33             | <b>GENDER</b><br>M        |  |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1205 W YAKIMA AVE APT 3, YAKIMA, WA, 98902 |  |                                   |  |   | <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>WA  | <b>OPERATOR LICENSE NUMBER</b>                               |                                   | <b>OFFENSE CHARGED</b><br>4511.39                      |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b><br>TURN AND STOP SIGNALS                                     |                              |                           | <b>CITATION NUMBER</b><br>OHP49081410032025155 |                     |                               |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b> SELECT UP TO 3 | <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</b> SELECT UP TO 4 |

|   |   |                                   |  |   |   |   |                              |                           |                        |                     |                               |
|---|---|-----------------------------------|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>ASLAM, VALERIE, J |                                   |  |   | <b>DATE OF BIRTH</b><br>06/20/1980            |   | <b>AGE</b><br>45             | <b>GENDER</b><br>F        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7400 BERKSHIRE RD, SUNBURY, OH, 43074 |   |                                   |  |   | <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</b> SELECT UP TO 3 | <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</b> SELECT UP TO 4 |

|  |                                  |                                   |  |   |   |  |                         |                      |                        |                |                               |
|--|----------------------------------|-----------------------------------|--|---|---|--|-------------------------|----------------------|------------------------|----------------|-------------------------------|
| <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</b> SELECT UP TO 3 | <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</b> SELECT UP TO 4 |

| 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   |   |  | <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  
49-0433-49

|                 |   |  |                          |  |                              |   |                              |                           |                      |                     |
|-----------------|---|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>2  | <b>NAME:</b> LAST, FIRST, MIDDLE<br>DOUGHTY, ELIZABETH |                          |  |                              | <b>DATE OF BIRTH</b><br>06/18/2007                      |                              | <b>AGE</b><br>18          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>7400 BERKSHIRE RD, SUNBURY, OH, 43074 |  |                          |  |                              | <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>                            | <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 |            |               |  |

|                |  |  |  |  |                      |  |            |               |  |
|----------------|--|--|--|--|----------------------|--|------------|---------------|--|
| <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 |            |               |  |