

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0467-49

|  |   |   |                                      |   |                        |   |                             |   |
|--|---|---|--------------------------------------|---|------------------------|---|-----------------------------|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH -2 | <input checked="" type="checkbox"/> OH -3 | LOCAL INFORMATION<br>P25102300000896 | <b>REPORTING AGENCY NAME *</b><br>Ohio State Highway Patrol | <b>NCIC *</b><br>OHP49 | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED | <b>NUMBER OF UNITS</b><br>2 | <b>UNIT IN ERROR</b><br>98 - ANIMAL<br>99 - UNKNOWN |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P            | <input type="checkbox"/> OTHER            |                                      |   |                        |   |                             |   |
| <input type="checkbox"/> PRIVATE PROPERTY        |   |   |                                      |   |                        |   |                             |   |

|                      |                       |   |   |                            |
|----------------------|-----------------------|---|---|----------------------------|
| <b>COUNTY*</b><br>49 | <b>LOCALITY*</b><br>3 | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP*<br>Deer Creek (Township of) | <b>CRASH DATE / TIME*</b><br>10/23/2025 07:46 | <b>CRASH SEVERITY</b><br>4 |
|----------------------|-----------------------|---|---|----------------------------|

|                  |                         |                           |   |  |                        |  |   |
|------------------|-------------------------|---------------------------|---|--|------------------------|--|---|
| <b>LOCATION</b>  | <b>ROUTE TYPE</b><br>SR | <b>ROUTE NUMBER</b><br>29 | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>LOCATION ROAD NAME</b><br>Lafayette Plain City                            | <b>ROAD TYPE</b><br>RD | <b>LATITUDE</b> DECIMAL DEGREES<br>39.979761   | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| <b>REFERENCE</b> | <b>ROUTE TYPE</b>       | <b>ROUTE NUMBER</b>       | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Lafayette Plain City | <b>ROAD TYPE</b><br>RD | <b>LONGITUDE</b> DECIMAL DEGREES<br>-83.392048 |   |

|  |   |  |  |  |   |   |                                  |
|--|---|--|--|--|---|---|----------------------------------|
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | <b>ROAD TYPE</b><br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | <b>RD - ROAD</b><br><b>SQ - SQUARE</b><br><b>ST - STREET</b><br><b>TE - TERRACE</b><br><b>TL - TRAIL</b><br><b>WA - WAY</b> | <b>INTERSECTION RELATED</b><br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | <b>NUMBER OF APPROACHES</b><br>4 |
| <b>ROADWAY</b>   |   |  |  |  |   |   |                                  |
| <input type="checkbox"/> ROADWAY DIVIDED                                   |   |  |  |  |   |   |                                  |

|  |  |  |   |
|--|--|--|---|
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
|--|--|--|---|

|   |  |  |                     |                        |                     |
|---|--|--|---------------------|------------------------|---------------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | <b>CONTOUR</b><br>1 | <b>CONDITIONS</b><br>1 | <b>SURFACE</b><br>2 |
|---|--|--|---------------------|------------------------|---------------------|

|   |  |   |  |  |
|---|--|---|--|--|
| <b>LIGHT CONDITION</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | <b>CONTOUR</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | <b>CONDITIONS</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN | <b>SURFACE</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
|---|--|---|--|--|

**NARRATIVE**

Unit#1 was stopped northbound on Lafayette Plain City Rd at the intersection for SR29. Unit#2 was stopped southbound at the intersection. Both Units entered the intersection at the same time, Unit#1 continued straight and Unit#2 made a left turn, and both Units struck eachother.

|   |   |  |  |  |
|---|---|--|--|--|
| <b>CRASH REPORTED DATE / TIME</b><br>10/23/2025 07:48   | <b>DISPATCH DATE / TIME</b><br>10/23/2025 07:48 | <b>ARRIVAL DATE / TIME</b><br>10/23/2025 07:59 | <b>SCENE CLEARED DATE / TIME</b><br>10/23/2025 08:52 | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| <b>TOTAL TIME ROADWAY CLOSED</b>  | <b>OTHER INVESTIGATION TIME</b>                 | <b>TOTAL MINUTES</b><br>64                     | <b>OFFICER'S NAME*</b><br>Tpr. Darrin Banks U-0814   | <b>CHECKED BY OFFICER'S NAME*</b><br>Gray, Troy  |
|   |   | <b>OFFICER'S BADGE NUMBER*</b><br>0814         | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>1838    |  |
| <input type="checkbox"/> <b>SUPPLEMENT</b><br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |   |  |  |  |

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| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SHEERIN, ANDREA, K | <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>125 E MAIN ST, SOUTH VIENNA, OH, 45369 |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |  |                                  |
|--|---|--|--|----------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>HYA9464             | <b>VEHICLE IDENTIFICATION #</b><br>JF2GTACC8K8373908 | <b>VEHICLE YEAR</b><br>2019  | <b>VEHICLE MAKE</b><br>SUBARU    |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>GEICO             | <b>INSURANCE POLICY #</b><br>4268779198              | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>FORESTER |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME  |                                  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID # |                                  |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.  |   |  |  |                                  |

|                                 |  |  |   |   |   |
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| <b>UNIT TYPE</b><br>3           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN  | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># of TRAILING UNITS</b><br>0 | 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  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.                              | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL  | 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   | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX  | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED   | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE  | 99 - OTHER / UNKNOWN  |
| <b>VEHICLE DEFECTS</b>          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT  | 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                                  | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE  | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND  | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE  | 99 - OTHER / UNKNOWN   |
| <b>ACTION</b><br>3                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING   | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                        | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE              | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |

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

LOCAL REPORT NUMBER

49-0467-49

**DAMAGE**

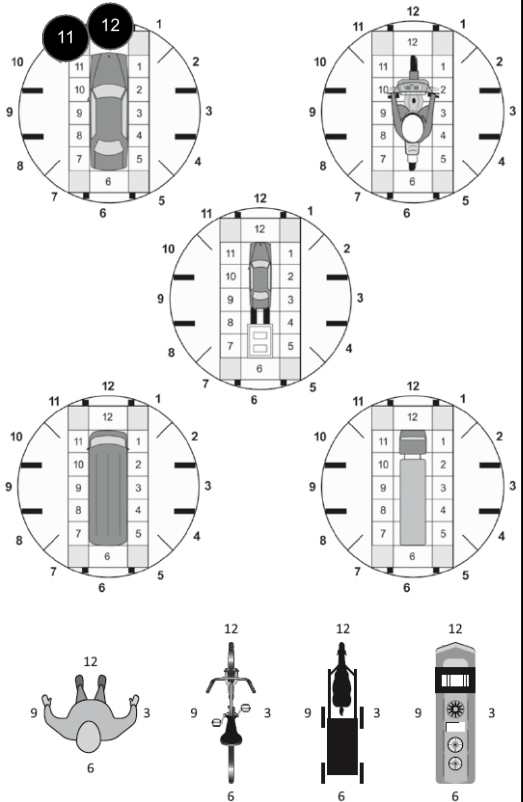
**DAMAGE SCALE**

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

12

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

|                           |   |
|---------------------------|---|
| <b>UNIT SPEED</b><br>5    | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| <b>POSTED SPEED</b><br>55 |   |

**OWNER**

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 82 CEDAR WOOD LN, LONDON, OH, 43140  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**VEHICLE**

**LP STATE** OH **LICENSE PLATE #** KTL7347 **VEHICLE IDENTIFICATION #** 2FMDK4JC9ABA15376 **VEHICLE YEAR** 2010 **VEHICLE MAKE** FORD

**INSURANCE VERIFIED** **INSURANCE COMPANY** FR NOT SHOWN **INSURANCE POLICY #** **COLOR** GRY **VEHICLE MODEL** EDGE

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

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

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

**UNIT TYPE** 3

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

**1 - NONE** 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER

**6 - VAN (9-15 SEATS)** 7 - MOTORCYCLE 2-WHEELED (MINIVAN) 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 99 - UNKNOWN OR HIT/SKIP

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

**0 - NO AUTOMATION** 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN

**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

**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**

**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

**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**

**1 - NON-CONTACT** 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

**1 - STRAIGHT AHEAD** 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE

**9 - LEAVING TRAFFIC LANE** 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

**15 - WALKING, RUNNING, JOGGING, PLAYING** 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST

**21 - STANDING OUTSIDE DISABLED VEHICLE** 99 - OTHER / UNKNOWN

**1 - NONE** 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER

**8 - FOLLOWING TOO CLOSE /ACDA** 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**13 - IMPROPER START FROM A PARKED POSITION** 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION

**18 - OPERATING DEFECTIVE EQUIPMENT** 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE

**23 - OPENING DOOR INTO ROADWAY** 99 - OTHER IMPROPER ACTION

**CONTRIBUTING CIRCUMSTANCES** 1

**SEQUENCE OF EVENTS** 1

**EVENTS** 20

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**  
49-0467-49

**DAMAGE**

**DAMAGE SCALE**  
 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  
 [ 2 ]

**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  
 13 - TOP

**TRAFFIC**

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

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

**# OF THROUGH LANES ON ROAD** 2

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

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

**UNIT SPEED** 5

**POSTED SPEED** 55

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
49-0467-49

|  |  |                                   |  |   |   |   |                              |                           |                        |                     |                               |
|--|--|-----------------------------------|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SHEERIN, ANDREA, K |                                   |  |   | <b>DATE OF BIRTH</b><br>11/18/1979            |   | <b>AGE</b><br>45             | <b>GENDER</b><br>F        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>125 E MAIN ST, SOUTH VIENNA, OH, 45369 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |                           |                        |                     |                               |
| <b>INJURIES</b><br>4   | <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><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>MARCUM, GAGE, T |                                   |  |   | <b>DATE OF BIRTH</b><br>11/02/2001            |   | <b>AGE</b><br>23             | <b>GENDER</b><br>M        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>82 CEDAR WOOD LN, LONDON, OH, 43140 |   |                                   |  |   | <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>2             | <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 MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, 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  
49-0467-49

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

| 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 |               |