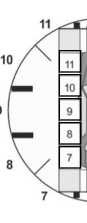
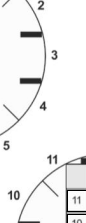
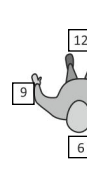
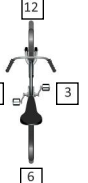
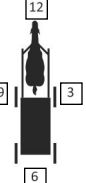
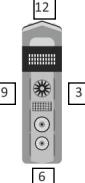


## TRAFFIC CRASH REPORT \*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                               |                                                             | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                          | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                                                |                                                                                                                                                                             | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                      | M-P2404433                                                                                                                                                      |                                                                                                                                                                                          |                                                                                                                                   |
| REPORTING AGENCY NAME*<br>Mt Vernon Police Department                                                                                                                                                                                                                                                                                                           |                                                             |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | NCIC*<br>04201                                                                                                                                                                                                                                                                                                 |                                                                                                      | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                          | NUMBER OF UNITS<br>2                                                                                                                                                                     | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                                    |
| COUNTY*<br>42                                                                                                                                                                                                                                                                                                                                                   | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>12/06/2024 18:46                                                                 |                                                                                                                                                                 | 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>4                                        |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                              | LOCATION ROAD NAME<br>BEECH                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                      | LATITUDE<br>40.404988                                                                                                                                           |                                                                                                                                                                                          |                                                                                                                                   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                              | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>SYCHAR                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>RD                                                                                      | LONGITUDE<br>-82.468791                                                                                                                                         |                                                                                                                                                                                          |                                                                                                                                   |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                           |                                                             | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                            | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                                                                                                                                                                             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>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>0.1                                                                                                                                                                                                                                                                                                                                  |                                                             | DISTANCE UNIT OF MEASURE<br>1 1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                      |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                      | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                             |                                                                                                                                                                                          |                                                                                                                                   |
| LOCATION OF FIRST HARMFUL EVENT<br>1 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>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>3 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 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                |                                                                                                                                                                 | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                                                   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                       |                                                             | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/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                                                                                         |                                                                                                                                                                 | CONDITIONS<br>4                                                                                                                                                                          | SURFACE<br>2                                                                                                                      |
| LIGHT CONDITION<br>3 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                  |                                                             | WEATHER<br>1 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 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                 | 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                                          | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| NARRATIVE<br>U1 WENT LEFT OF CENTER AND STRUCK U2 HEAD-ON.                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                   |
| CRASH REPORTED DATE/TIME<br>12/06/2024 18:46                                                                                                                                                                                                                                                                                                                    |                                                             | DISPATCH DATE/TIME<br>12/06/2024 18:46                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>12/06/2024 18:49                                                                                                                                       |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>12/06/2024 19:45                                                          |                                                                                                                                                                 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                |                                                                                                                                   |
| TOTAL TIME ROADWAY CLOSED<br>45                                                                                                                                                                                                                                                                                                                                 | OTHER INVESTIGATION TIME<br>25                              | TOTAL MINUTES<br>84                                                                                                                                                                                                                   | OFFICER'S NAME*<br>Cotter, Andy                                                                                                                                                                                                                                           |                                                                                                                                                                             | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |                                                                                                      | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                       |                                                                                                                                                                                          |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                             | OFFICER'S BADGE NUMBER*<br>292-25                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER*<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">M-P2404433</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>DAMAGE</b><br><b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">4</div> <div>           1 - NONE<br/>           2 - MINOR DAMAGE         </div> </div> <div style="border: 1px solid black; padding: 5px;">           3 - FUNCTIONAL DAMAGE<br/>           4 - DISABLING DAMAGE         </div> </div> <div style="width: 45%; text-align: center; margin-top: 10px;">           9 - UNKNOWN         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">         </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="display: flex; align-items: center;"> <input type="checkbox"/> - NO DAMAGE [ 0 ]         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> - TOP [ 13 ]         </div> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> - ALL AREAS [ 15 ]         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]         </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">12</div> <div>           0 - NO DAMAGE<br/>           1-12 - REFER TO UNIT DIAGRAM<br/>           13 - TOP         </div> </div> </div> <div style="width: 45%; text-align: center; margin-top: 10px;">           14 - UNDERCARRIAGE<br/>           15 - VEHICLE NOT AT SCENE<br/>           99 - UNKNOWN         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TRAFFIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TRAFFICWAY FLOW</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> <div>           1 - ONE-WAY<br/>           2 - TWO-WAY         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>TRAFFIC CONTROL</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">6</div> <div>           1 - ROUNDABOUT<br/>           2 - SIGNAL<br/>           3 - FLASHER<br/>           4 - STOP SIGN<br/>           5 - YIELD SIGN<br/>           6 - NO CONTROL         </div> </div> |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>RAIL GRADE CROSSING</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div>           1 - NOT INVOLVED<br/>           2 - INVOLVED-ACTIVE CROSSING<br/>           3 - INVOLVED-PASSIVE CROSSING         </div> </div>                                                |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">           FROM <div style="border: 1px solid black; padding: 5px; margin: 0 10px; display: flex; align-items: center;">4</div> TO <div style="border: 1px solid black; padding: 5px; margin: 0 10px; display: flex; align-items: center;">3</div> </div> <div style="width: 45%; text-align: center; margin-top: 10px;">           1 - NORTH<br/>           2 - SOUTH<br/>           3 - EAST<br/>           4 - WEST<br/>           5 - NORTHEAST<br/>           6 - NORTHWEST<br/>           7 - SOUTHEAST<br/>           8 - SOUTHWEST<br/>           9 - OTHER/UNKNOWN         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>UNIT SPEED</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">25</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DETECTED SPEED</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> <div>           1 - STATED/ESTIMATED SPEED<br/>           2 - CALCULATED/EDR<br/>           3 - UNDETERMINED         </div> </div>                                                                  |
| <b>POSTED SPEED</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">25</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                    |                                       |                                                                                                                                                                  |                               |                                                                        |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|----------------------------|
| UNIT #<br>2                                                                                                                                                        |                                       | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>BIGGERSTAFF, CHRISTINA L                                                          |                               | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |                            |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>23 LONGITUDE DR, MT VERNON, OH 43050                                        |                                       |                                                                                                                                                                  |                               |                                                                        |                            |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                |                                       |                                                                                                                                                                  |                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |                            |
| LP STATE<br>OH                                                                                                                                                     | LICENSE PLATE #<br>KKZ3525            | VEHICLE IDENTIFICATION #<br>1V2FR2CA3RC576918                                                                                                                    |                               | VEHICLE YEAR<br>2024                                                   | VEHICLE MAKE<br>Volkswagen |
| INSURANCE<br>VERIFIED                                                                                                                                              | INSURANCE COMPANY<br>GRANGE INSURANCE |                                                                                                                                                                  | INSURANCE POLICY #<br>1296776 | COLOR<br>White                                                         | VEHICLE MODEL              |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                              |                                       | US DOT #                                                                                                                                                         |                               | TOWED BY: COMPANY NAME<br>ON THE SPOT TOWING                           |                            |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                                                           |                                       | HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                           |                               | # OCCUPANTS<br>3                                                       |                            |
| VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS. |                                       | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> |                               |                                                                        |                            |
| UNIT TYPE<br>3                                                                                                                                                     |                                       | UNIT TYPE<br>3                                                                                                                                                   |                               |                                                                        |                            |
| # OF TRAILING UNITS<br>0                                                                                                                                           |                                       | # OF TRAILING UNITS<br>0                                                                                                                                         |                               |                                                                        |                            |
| WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                            |                                       | AUTONOMOUS<br>MODE LEVEL<br>0                                                                                                                                    |                               |                                                                        |                            |
| SPECIAL<br>FUNCTION<br>1                                                                                                                                           |                                       | SPECIAL<br>FUNCTION<br>1                                                                                                                                         |                               |                                                                        |                            |
| CARGO<br>BODY<br>TYPE<br>1                                                                                                                                         |                                       | CARGO<br>BODY<br>TYPE<br>1                                                                                                                                       |                               |                                                                        |                            |
| VEHICLE<br>DEFECTS<br>1                                                                                                                                            |                                       | VEHICLE<br>DEFECTS<br>1                                                                                                                                          |                               |                                                                        |                            |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1                                                                                                                         |                                       | NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1                                                                                                                       |                               |                                                                        |                            |
| ACTION<br>4                                                                                                                                                        |                                       | ACTION<br>4                                                                                                                                                      |                               |                                                                        |                            |
| CONTRIBUTING<br>CIRCUMSTANCES<br>1                                                                                                                                 |                                       | CONTRIBUTING<br>CIRCUMSTANCES<br>1                                                                                                                               |                               |                                                                        |                            |
| SEQUENCE OF EVENTS                                                                                                                                                 |                                       |                                                                                                                                                                  |                               |                                                                        |                            |
| EVENTS                                                                                                                                                             |                                       |                                                                                                                                                                  |                               |                                                                        |                            |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                               |                                       |                                                                                                                                                                  |                               |                                                                        |                            |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1                                                                                                                         |                                       |                                                                                                                                                                  |                               |                                                                        |                            |

LOCAL REPORT NUMBER\*

M-P2404433

DAMAGE

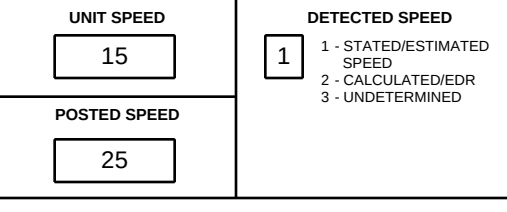
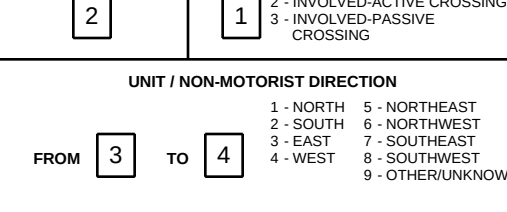
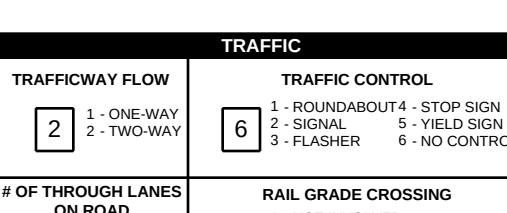
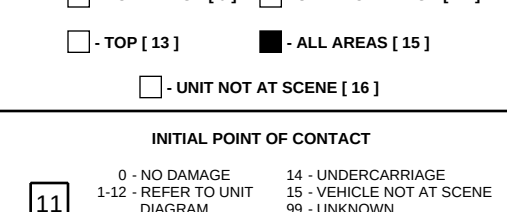
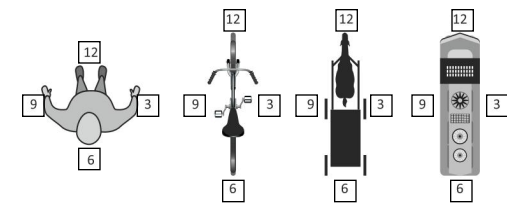
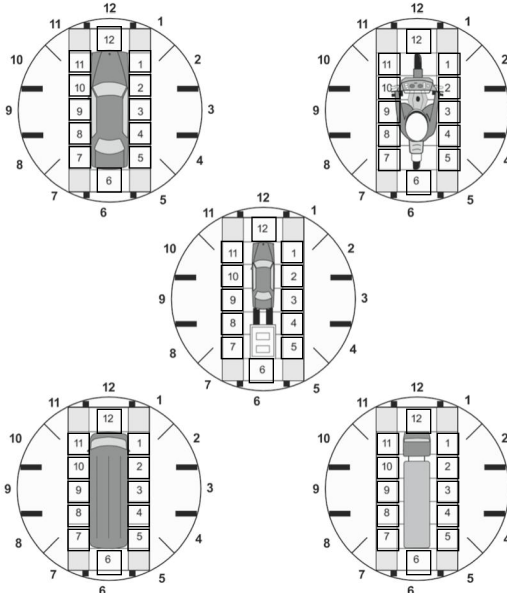
DAMAGE SCALE

4

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|---------------------------------------------------------------------------------------------------------|----------|--|---------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |                 | DATE OF BIRTH                                                                                                      |                      | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | HAYES, PENNY LYNN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                               |                 | 03/10/1972                                                                                                         |                      | 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| 1352 BANGORVILLE RD, BELLVILLE, OH 44813                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                             |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |                      | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |           | SEATING POSITION                                                                                                                                                                                                                                    |                   | AIR BAG USAGE     |                                                                                                         | EJECTION |  | TRAPPED |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MOUNT VERNON FIRE DE                                                                                                                          |                 |                                                                                                                    |                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |           | 1                                                                                                                                                                                                                                                   |                   | 4                 |                                                                                                         | 1        |  | 3       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               | OFFENSE CHARGED |                                                                                                                    |                      | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                     |                   | CITATION NUMBER   |                                                                                                         |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RQ992715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               | MTV 331.01A     |                                                                                                                    |                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | LEFT OF CENTER                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                     |                   | MVP42012400004313 |                                                                                                         |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                    |                 |                                                                                                                    | DRIVER DISTRACTED BY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION |                                                                                                                                                                                                                                                     | ALCOHOL TEST      |                   | DRUG TEST(S)                                                                                            |          |  |         |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                    |                 |                                                                                                                    | 2                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                                                                                                                                                                                                                                                     | STATUS TYPE VALUE |                   | STATUS TYPE RESULT SELECT UP TO 4                                                                       |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     | 1 1 .             |                   | 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |                 | DATE OF BIRTH                                                                                                      |                      | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | BIGGERSTAFF, CHRISTINA LYNNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                               |                 | 05/06/1987                                                                                                         |                      | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| 23 LONGITUDE DR, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                             |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |                      | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |           | SEATING POSITION                                                                                                                                                                                                                                    |                   | AIR BAG USAGE     |                                                                                                         | EJECTION |  | TRAPPED |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |           | 1                                                                                                                                                                                                                                                   |                   | 4                 |                                                                                                         | 1        |  | 1       |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               | OFFENSE CHARGED |                                                                                                                    |                      | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                     |                   | CITATION NUMBER   |                                                                                                         |          |  |         |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | SN825718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                               |                 |                                                                                                                    |                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                    |                 |                                                                                                                    | DRIVER DISTRACTED BY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION |                                                                                                                                                                                                                                                     | ALCOHOL TEST      |                   | DRUG TEST(S)                                                                                            |          |  |         |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                    |                 |                                                                                                                    | 1                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                                                                                                                                                                                                                                                     | STATUS TYPE VALUE |                   | STATUS TYPE RESULT SELECT UP TO 4                                                                       |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     | 1 1 .             |                   | 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |          |  |         |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |                 | DATE OF BIRTH                                                                                                      |                      | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | CONTACT PHONE - INCLUDE AREA CODE                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                             |                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                    |                      | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                        |           | SEATING POSITION                                                                                                                                                                                                                                    |                   | AIR BAG USAGE     |                                                                                                         | EJECTION |  | TRAPPED |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               | OFFENSE CHARGED |                                                                                                                    |                      | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                     |                   | CITATION NUMBER   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                    |                 |                                                                                                                    | DRIVER DISTRACTED BY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALCOHOL / DRUG SUSPECTED                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | CONDITION |                                                                                                                                                                                                                                                     | ALCOHOL TEST      |                   | DRUG TEST(S)                                                                                            |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                    |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     | STATUS TYPE VALUE |                   | STATUS TYPE RESULT SELECT UP TO 4                                                                       |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |          |  |         |  |
| 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<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                                                                                            |                   |                   |                                                                                                         |          |  |         |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | EJECTION                                                                                                           |                      | OL ENDORSEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| 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<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                     |                   |                   |                                                                                                         |          |  |         |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | TRAPPED                                                                                                            |                      | GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | CONDITION                                                                                                                                                                                                                                           |                   |                   |                                                                                                         |          |  |         |  |
| 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 (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                         |                      | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | 1 - 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 |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | DRUG TEST TYPE                                                                                                                                                                                                                                      |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                       |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | DRUG TEST RESULT(S)                                                                                                                                                                                                                                 |                   |                   |                                                                                                         |          |  |         |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |                 |                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                |           | 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\***

M-P2404433

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BIGGERSTAFF, NATALIE                               |                                    |                                                            | <b>DATE OF BIRTH</b><br>02/19/2023       |                                                  | <b>AGE</b><br>1              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>23 LONGITUDE DR, MOUNT VERNON, OH 43050 |                                                                                        |                                    |                                                            | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                                | <b>INJURED TAKEN BY</b><br>                                                            | <b>EMS AGENCY (NAME)</b><br>       | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br>5        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>4 | <b>AIR BAG USAGE</b><br>4 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b><br>2                                                                  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BIGGERSTAFF, SAVANNAH                              |                                    |                                                            | <b>DATE OF BIRTH</b><br>10/18/2020       |                                                  | <b>AGE</b><br>4              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INJURIES</b><br>5                                                                | <b>INJURED TAKEN BY</b><br>                                                            | <b>EMS AGENCY (NAME)</b><br>       | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br> | <b>SAFETY EQUIPMENT USED</b><br>5        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>6 | <b>AIR BAG USAGE</b><br>4 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b>                                                                       | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                            | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UNIT #</b>                                                                       | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                            | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <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 MC HELMET | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>15 - NON-MOTORIST</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td></td> </tr> </tbody> </table> |                                                                                     |                                                                                        |                                    |                                                            |                                          |                                                  |                              |                           |                      | INJURY              | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | <b>INJURED TAKEN BY</b> | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | <b>EJECTION</b> | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | <b>GENDER</b> | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | <b>TRAPPED</b> | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN |  |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                               | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                    | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                         | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                              | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                        | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                         | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                            | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 - BOOSTER SEAT                                                                    | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | <b>EJECTION</b>                    |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8 - HELMET USED                                                                     | 8 - THIRD - MIDDLE                                                                     | 1 - NOT EJECTED                    |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                       | 9 - THIRD - RIGHT                                                                      | 2 - PARTIALLY EJECTED              |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 - REFLECTIVE CLOTHING                                                            | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 3 - TOTALLY EJECTED                |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                           | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 99 - OTHER / UNKNOWN                                                                | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | <b>TRAPPED</b>                     |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | 13 - TRAILING UNIT                                                                     | 1 - NOT TRAPPED                    |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |                                                            |                                          |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                    |                                                                                        |                                    |                                                            | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <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> |                                                  |                              |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NAME: LAST, FIRST, MIDDLE</b>                                                    |                                                                                        |                                    |                                                            | <b>DATE OF BIRTH</b>                     |                                                  | <b>AGE</b>                   | <b>GENDER</b>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                    |                                                                                                                                                                                          |                                                                                                               |
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| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                      |                                                        | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                                                          | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                                                           |                                                                                                                                                                             | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                      | M-P2404447                                                                                                         |                                                                                                                                                                                          |                                                                                                               |
| REPORTING AGENCY NAME*<br>Mt Vernon Police Department                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | NCIC*<br>04201                                                                                                                                                                                                                                                                                                 |                                                                                                      | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                             | NUMBER OF UNITS<br>2                                                                                                                                                                     | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN                                                                |
| COUNTY*<br>42                                                                                                                                                                                                                                                                                                                                                          | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Mount Vernon                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | CRASH DATE/TIME*<br>12/07/2024 13:40                                                                 |                                                                                                                    | CRASH SEVERITY<br>5 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                           |                                                                                                               |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                             | ROUTE NUMBER                                           | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                              | LOCATION ROAD NAME<br>EAST HIGH                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                      | LATITUDE<br>40.392546                                                                                              |                                                                                                                                                                                          |                                                                                                               |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                             | ROUTE NUMBER                                           | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                              | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>SOUTH EDGEWOOD                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>AV                                                                                      | LONGITUDE<br>-82.463864                                                                                            |                                                                                                                                                                                          |                                                                                                               |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                  |                                                        | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                            | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                                                                                                                                                                             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                                                                      | INTERSECTION RELATED<br>WITHIN INTERSECTION OR ON APPROACH<br>WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>2 |                                                                                                                                                                                          |                                                                                                               |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                |                                                        | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                      | ROADWAY<br>ROADWAY DIVIDED                                                                                         |                                                                                                                                                                                          |                                                                                                               |
| LOCATION OF FIRST HARMFUL EVENT<br>1 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>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>8 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 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                |                                                                                                                    | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                                                                                               |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                              |                                                        | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/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                                                                                         |                                                                                                                    | CONDITIONS<br>1                                                                                                                                                                          | SURFACE<br>2                                                                                                  |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                         |                                                        | WEATHER<br>1 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 |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |                                                                                                                    | 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                                          | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |
| NARRATIVE<br>UNIT #1 WAS STOPPED FACING SOUTH BOUND AT THE STOP SIGN OF NORTH EDGEWOOD ROAD.<br><br>UNIT #2 WAS TRAVELING EAST BOUND ON EAST HIGH STREET ATTEMPTING TO MAKE A LEFT HAND TURN ON SOUTH EDGEWOOD ROAD.<br><br>UNIT #1 BEGAN DRIVING SOUTH BOUND AND FAILED TO YIELD TO UNIT #2 CAUSING THE FRONT LEFT OF UNIT #1 TO SIDESWIPE THE FRONT LEFT OF UNIT #2. |                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                    |                                                                                                                                                                                          |                                                                                                               |
| CRASH REPORTED DATE/TIME<br>12/07/2024 13:40                                                                                                                                                                                                                                                                                                                           |                                                        | DISPATCH DATE/TIME<br>12/07/2024 13:40                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>12/07/2024 13:41                                                                                                                                       |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>12/07/2024 14:01                                                          |                                                                                                                    | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                           |                                                                                                               |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                         | OTHER INVESTIGATION TIME<br>30                         | TOTAL MINUTES<br>51                                                                                                                                                                                                                   | OFFICER'S NAME*<br>Guthrie, Alexis                                                                                                                                                                                                                                        |                                                                                                                                                                             | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |                                                                                                      | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)                                          |                                                                                                                                                                                          |                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                                                                                                                                                                                       | OFFICER'S BADGE NUMBER*<br>292-29                                                                                                                                                                                                                                         |                                                                                                                                                                             | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                    |                                                                                                                                                                                          |                                                                                                               |

M-P2404447

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>JACKSON, JAY H | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1506 WELSH HILLS RD, GRANVILLE, OH 43023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LICENSE PLATE #<br>JDT6975                                                                    | VEHICLE IDENTIFICATION #<br>2T3J1RFV3KW025577                          |
| VEHICLE YEAR<br>2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE MAKE<br>Toyota                                                                        |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br>LEWIS A CLARK INSURANCE                                                  | INSURANCE POLICY #<br>51-233-089-00                                    |
| COLOR<br>Green, Lig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE MODEL<br>RAV4                                                                         |                                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                        |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - 2-WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>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<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<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 - UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                        |
| SPECIAL FUNCTION<br>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 EQUIPMENT<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                        |
| CARGO BODY TYPE<br>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 - CARGO VAN/ 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                        |
| VEHICLE DEFECTS<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                        |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRIKING PRE-CRASHES & STRUCK ACTIONS<br>9 - OTHER/UNKNOWN<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                        |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE<br>13 - ANIMAL - FARM EQUIPMENT<br>14 - ANIMAL - DEER<br>15 - ANIMAL - OTHER<br>16 - MOTOR VEHICLE IN TRANSPORT<br>17 - PARKED MOTOR VEHICLE<br>18 - WORK ZONE MAINTENANCE EQUIPMENT<br>19 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>20 - OTHER MOVABLE OBJECT<br>21 - IMPACT<br>22 - GUARDRAIL END ATTENUATOR/ CRASH CUSHION<br>23 - BRIDGE OVERHEAD STRUCTURE<br>24 - BRIDGE PIER OR ABUTMENT<br>25 - BRIDGE PARAPET<br>26 - BRIDGE RAIL<br>27 - GUARDRAIL FACE<br>28 - GUARDRAIL END ATTENUATOR/ CRASH CUSHION<br>29 - PORTABLE BARRIER<br>30 - MEDIUM CABLE BARRIER<br>31 - MEDIUM GUARDRAIL BARRIER<br>32 - MEDIUM CONCRETE BARRIER<br>33 - MEDIUM OTHER BARRIER<br>34 - TRAFFIC SIGN POST<br>35 - OVERHEAD SIGN<br>36 - DITCH<br>37 - EMBANKMENT<br>38 - FENCE<br>39 - MAILBOX<br>40 - TREE<br>41 - FIRE HYDRANT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                               |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                        |

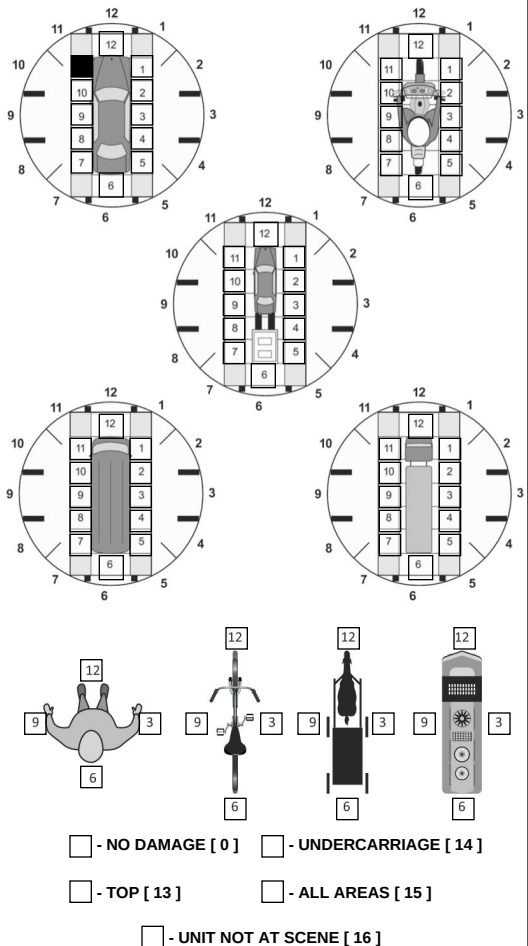
## DAMAGE

## DAMAGE SCALE

2

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

11

- 0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

## TRAFFIC

|                                                                                                                                                                                         |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                         | TRAFFIC CONTROL<br>4 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING              |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>5                                                                                                                                                                         | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>25                                                                                                                                                                      |                                                                                                                       |



| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                           |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER       |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | JACKSON, PAMELA LYNN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                               |                                                                                                            | 02/24/1953                                                                                                                                                                              |                  | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F            |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 1506 WELSH HILLS RD, GRANVILLE, OH 43023                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                                 | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION     | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 4                                                                                                          |                                                                                                                                                                                         | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1            | 1                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                                     |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       | RJ088161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | MTV 331.19                                                                                                                                    |                                                                                                            | Operation @ Stop Sign                                                                                                                                                                   |                  | MVP42012400004450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   | CONDITION                                                                                                                                                                               | ALCOHOL TEST     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG TEST(S) |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 1                                                                                                                                                                                       | STATUS           | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VALUE        | STATUS                                                                                                                                                                                                                                                                                                                                                                                         | TYPE | RESULT SELECT UP TO 4                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | .            | 1                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                                                                                                                                                              |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                           |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER       |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |          | KUEHNER, AVERY NICOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                               |                                                                                                            | 04/27/2005                                                                                                                                                                              |                  | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F            |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 932 E HIGH ST, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                                 | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION     | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | 4                                                                                                          |                                                                                                                                                                                         | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1            | 1                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                                     |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OH       | VG705754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   | CONDITION                                                                                                                                                                               | ALCOHOL TEST     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG TEST(S) |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | 4        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | 1                                                                                                                                             | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | 1                                                                                                                                                                                       | STATUS           | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VALUE        | STATUS                                                                                                                                                                                                                                                                                                                                                                                         | TYPE | RESULT SELECT UP TO 4                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         | 1                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | .            | 1                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                                                                                                                                                              |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                           |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER       |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | INJURIES | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                               | SAFETY EQUIPMENT USED                                                                                      | DOT-COMPLIANT MC HELMET                                                                                                                                                                 | SEATING POSITION | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EJECTION     | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | OL STATE | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | OFFENSE CHARGED                                                                                                                               | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION                                                                                                                                                                     |                  | CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                    | OL CLASS | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                                                                                                                          | ALCOHOL / DRUG SUSPECTED                                                                                   | CONDITION                                                                                                                                                                               | ALCOHOL TEST     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG TEST(S) |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                                                                                                                                                         | STATUS           | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VALUE        | STATUS                                                                                                                                                                                                                                                                                                                                                                                         | TYPE | RESULT 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<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     |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | EJECTION                                                                                                                                      |                                                                                                            | OL ENDORSEMENT                                                                                                                                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      | ALCOHOL TEST TYPE                                                                                                                                            |  |
| 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 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | TRAPPED                                                                                                                                       |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | CONDITION                                                                                                                                                                                                                                                                                                                                                                                      |      | DRUG TEST TYPE                                                                                                                                               |  |
| 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 (ELBOW, 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                                                    |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 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 - OTHER                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | GENDER                                                                                                                                                                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      | DRUG TEST RESULT(S)                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      | 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\***

M-P2404447

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>6075 62ND AVE N, PINELLAS PARK, FL 33781   |                                                                                        |                                    |                                                        |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b>                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <table border="1"> <thead> <tr> <th>INJURY</th> <th>SAFETY EQUIPMENT USED</th> <th>SEATING POSITION</th> <th>AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - NONE USED - VEHICLE OCCUPANT</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - SHOULDER BELT ONLY USED</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - LAP BELT ONLY USED</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> </tr> <tr> <td></td> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td><b>INJURED TAKEN BY</b></td> <td>7 - BOOSTER SEAT</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>8 - HELMET USED</td> <td>8 - THIRD - MIDDLE</td> <td><b>EJECTION</b></td> </tr> <tr> <td>2 - EMS</td> <td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td>9 - THIRD - RIGHT</td> <td>1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - REFLECTIVE CLOTHING</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td>2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>3 - TOTALLY EJECTED</td> </tr> <tr> <td><b>GENDER</b></td> <td>99 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td></td> <td>13 - TRAILING UNIT</td> <td><b>TRAPPED</b></td> </tr> <tr> <td>M - MALE</td> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td></td> <td>15 - NON-MOTORIST</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td></td> <td>99 - OTHER / UNKNOWN</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> </tr> </tbody> </table> |                                                                                        |                                                                                        |                                    |                                                        |                              |                                                  |                         |                      |                 |                | INJURY | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | <b>INJURED TAKEN BY</b> | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | <b>EJECTION</b> | 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 1 - NOT EJECTED | 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | <b>GENDER</b> | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | <b>TRAPPED</b> | M - MALE |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS |
| INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SAFETY EQUIPMENT USED                                                                  | SEATING POSITION                                                                       | AIR BAG USAGE                      |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - FATAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - NONE USED - VEHICLE OCCUPANT                                                       | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - SUSPECTED SERIOUS INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - SHOULDER BELT ONLY USED                                                            | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - SUSPECTED MINOR INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 - LAP BELT ONLY USED                                                                 | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 4 - POSSIBLE INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 - SHOULDER & LAP BELT USED                                                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING                                            | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| <b>INJURED TAKEN BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 - BOOSTER SEAT                                                                       | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 - HELMET USED                                                                        | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)                                          | 9 - THIRD - RIGHT                                                                      | 1 - NOT EJECTED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 - REFLECTIVE CLOTHING                                                               | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY                                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>GENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99 - OTHER / UNKNOWN                                                                   | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        | 13 - TRAILING UNIT                                                                     | <b>TRAPPED</b>                     |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | 99 - OTHER / UNKNOWN                                                                   | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                              |                                                  |                         |                      |                 |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| <b>WITNESS</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>WITNESS</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>WITNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME: LAST, FIRST, MIDDLE</b>                                                       |                                                                                        |                                    |                                                        |                              | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                         |                  |                                             |  |                                        |                 |                    |                 |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |               |                      |                                         |                    |            |  |                    |                |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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