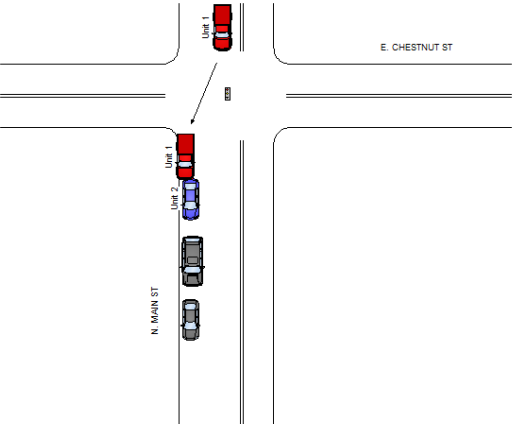


|                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                               |                                                                            | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY                                                                                           | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | M-P2602328                                                                                                                                                      |                         |
| 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>08/12/2026 06:09                                                                                                                            |                         |
| CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                                                                                                                                                                                                    |                                                                            | 3                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                         |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | LOCATION ROAD NAME<br>E CHESTNUT                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              | ROAD TYPE<br>ST                                                                                                                                                 | LATITUDE<br>40.394362   |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>N MAIN                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              | ROAD TYPE<br>ST                                                                                                                                                 | LONGITUDE<br>-82.485393 |
| 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>15                                                                                                                                                                                                                                                                                                                                   | DISTANCE UNIT OF MEASURE<br>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>9 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>2 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>2 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<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |                                                                                                                                                                 |                         |
| NARRATIVE<br>Unit #1 was traveling southbound on North Main Street near East Chestnut Street when struck Unit #2. Unit #2 was parked alongside the road in front of 7 1/2 North Main Street facing southbound.                                                                                                                                                  |                                                                            |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                | DIAGRAM<br>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                         |
| CRASH REPORTED DATE/TIME<br>08/12/2026 06:09                                                                                                                                                                                                                                                                                                                    |                                                                            | DISPATCH DATE/TIME<br>08/12/2026 06:09                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                | ARRIVAL DATE/TIME<br>08/12/2026 06:10                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                 |                         |
| SCENE CLEARED DATE/TIME<br>08/12/2026 07:13                                                                                                                                                                                                                                                                                                                     |                                                                            | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                         |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                         |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  | OTHER INVESTIGATION TIME<br>0                                              | TOTAL MINUTES<br>64                                                                                                                                                                                                                                                       | OFFICER'S NAME*<br>Wheeler, Sarah                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S NAME*                                                                                                                                      |                         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                                                                                                                                                                           | OFFICER'S BADGE NUMBER*<br>292-19                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                              |                         |

M-P2602328

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SOLOON, ALEXANDER EUGENE | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>824 TWP RD 3414, LOUDONVILLE, OH 44842                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>KAH6752                                                                              | VEHICLE IDENTIFICATION #<br>5TFUU4EN2DX057444                          |
| VEHICLE YEAR<br>2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VEHICLE MAKE<br>Toyota                                                                                  |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURANCE COMPANY<br>PROGRESSIVE                                                                        | INSURANCE POLICY #<br>935073891                                        |
| COLOR<br>Red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE MODEL                                                                                           |                                                                        |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                        |
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                        |
| TOWED BY: COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                        |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                        |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                        |
| VEHICLE TYPE<br>4 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                        |
| 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>4 - NON-CONTACT<br>1 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<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 - STOPPING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |                                                                                                         |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>99 - NONE<br>1 - FAILURE TO YIELD<br>2 - RAN RED LIGHT<br>3 - RAN STOP SIGN<br>4 - UNSAFE SPEED<br>5 - IMPROPER TURN<br>6 - LEFT OF CENTER<br>7 - FOLLOWING TOO CLOSE/ACDA<br>8 - IMPROPER LANE CHANGE<br>9 - IMPROPER PASSING<br>10 - DROVE OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM A PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - SWERVING TO AVOID<br>15 - WRONG WAY<br>16 - VISION OBSTRUCTION<br>17 - OPERATING DEFECTIVE EQUIPMENT<br>18 - LOAD SHIFTING/ FALLING/SPILLING<br>19 - IMPROPER CROSSING<br>20 - LAYING IN ROADWAY<br>21 - NOT DISCERNIBLE<br>22 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                |                                                                                                         |                                                                        |

## SEQUENCE OF EVENTS

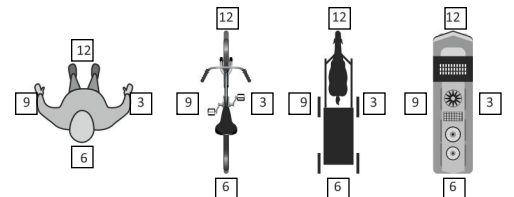
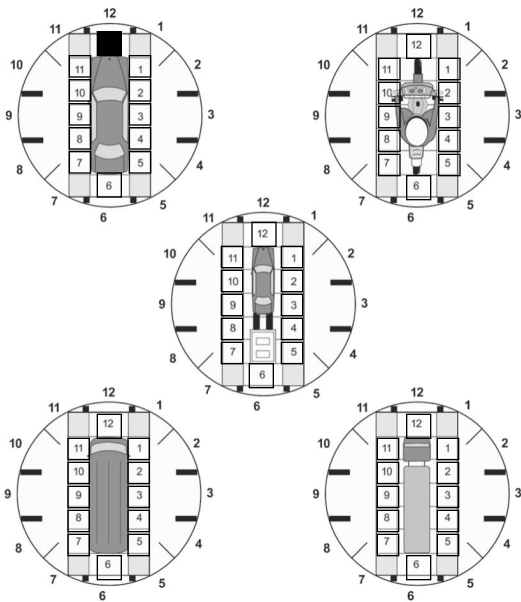
|   |    |                                                                                                                                                                           |                                                                                                                      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

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2 1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

1 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

25

## DETECTED SPEED

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

## POSTED SPEED

25

LOCAL REPORT NUMBER\*

M-P2602328

**UNIT #**  
2**OWNER NAME:** LAST, FIRST, MIDDLE ( ☐ SAME AS DRIVER)  
MOORE, STEVEN LEE**OWNER PHONE:** INCLUDE AREA CODE ☐ SAME AS DRIVER**OWNER ADDRESS:** STREET, CITY, STATE, ZIP ( ☐ SAME AS DRIVER)  
7.5 N MAIN ST, MOUNT VERNON, OH 43050**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE**LP STATE**  
OH**LICENSE PLATE #**  
JFL7770**VEHICLE IDENTIFICATION #**  
KL8CF6SAXMC738616**VEHICLE YEAR**  
2021**VEHICLE MAKE**  
Chevrolet**INSURANCE  
VERIFIED****INSURANCE COMPANY**  
PROGRESSIVE**INSURANCE POLICY #**  
60498838**COLOR**  
Lavender**VEHICLE MODEL**  
Spark**TYPE OF USE**  
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE**US DOT #****TOWED BY:** COMPANY NAME**INTERLOCK  
DEVICE  
EQUIPPED****HIT/SKIP UNIT****# OCCUPANTS****VEHICLE WEIGHT GVWR/GCWR**  
1 - <= 10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >= 26K LBS.**HAZARDOUS MATERIAL  
CLASS #****PLACARD ID #****UNIT TYPE**  
1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICK UP  
5 - CARGO VAN  
6 - MOTORCYCLE  
7 - 2-WHEELED  
8 - MOTORCYCLE  
9 - AUTOCYCLE  
10 - MOPED OR MOTORIZED BICYCLE  
11 - ALL TERRAIN VEHICLE (ATV/UTV)  
12 - GOLF CART  
13 - SNOWMOBILE  
14 - SINGLE UNIT TRUCK  
15 - SEMI-TRACTOR  
16 - FARM EQUIPMENT  
17 - MOTORHOME  
18 - LIMO (LIVERY VEHICLE)  
19 - BUS (16+ PASSENGERS)  
20 - OTHER VEHICLE  
21 - HEAVY EQUIPMENT  
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
23 - PEDESTRIAN/ SKATER  
24 - WHEELCHAIR (ANY TYPE)  
25 - OTHER NON-MOTORIST  
26 - BICYCLE  
27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP**# OF TRAILING UNITS****WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?**  
1 - YES 2 - NO 9 - OTHER/UNKNOWN  
**AUTONOMOUS MODE LEVEL**  
0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN**SPECIAL FUNCTION**  
1 - NONE  
2 - TAXI  
3 - ELECTRONIC RIDE SHARING  
4 - SCHOOL TRANSPORT  
5 - BUS - TRANSIT /COMMUTER  
6 - BUS - CHARTER/TOUR  
7 - BUS - INTERCITY  
8 - BUS - SHUTTLE  
9 - BUS - OTHER  
10 - AMBULANCE  
11 - FIRE  
12 - MILITARY  
13 - POLICE  
14 - PUBLIC UTILITY  
15 - CONSTRUCTION EQUIPMENT  
16 - FARM  
17 - MOWING  
18 - SNOW REMOVAL  
19 - TOWING  
20 - SAFETY SERVICE PATROL  
21 - MAIL CARRIER  
99 - OTHER/UNKNOWN**CARGO BODY TYPE**  
1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS  
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 - LOGGING  
5 - INTERMODAL CONTAINER CHASSIS  
6 - CARGO VAN/ ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL  
8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP  
12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER/UNKNOWN**VEHICLE DEFECTS**  
1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS  
4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT  
7 - WORN OR SLICK TIRES  
8 - TRAILER EQUIPMENT DEFECTIVE  
9 - MOTOR TROUBLE  
10 - DISABLED FROM PRIOR ACCIDENT  
99 - OTHER/UNKNOWN**NON-MOTORIST LOCATION AT IMPACT**  
1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED CROSSWALK  
3 - INTERSECTION - OTHER  
4 - MIDBLOCK - MARKED CROSSWALK  
5 - TRAVEL LANE - OTHER LOCATION  
6 - BICYCLE LANE  
7 - SHOULDER/ ROADSIDE  
8 - SIDEWALK  
9 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS  
12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER/UNKNOWN**ACTION**  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - BOTH STRIKING & STRUCK  
6 - PRE-CRASH ACTIONS  
7 - MAKING RIGHT TURN  
8 - MAKING LEFT TURN  
9 - MAKING U-TURN  
10 - STRAIGHT AHEAD  
11 - BACKING  
12 - CHANGING LANES  
13 - OVERTAKING/ PASSING  
14 - ENTERING TRAFFIC LANE  
15 - LEAVING TRAFFIC LANE  
16 - PARKED  
17 - SLOWING OR STOPPED IN TRAFFIC  
18 - DRIVERLESS  
19 - ENTERING OR LEAVING CURVE  
20 - CROSSING OR CROSSING SPECIFIED LOCATION  
21 - WALKING, RUNNING, JOGGING, PLAYING  
22 - WORKING  
23 - PUSHING VEHICLE  
24 - APPROACHING OR LEAVING VEHICLE  
25 - STANDING  
26 - OTHER NON-MOTORIST  
27 - STANDING OUTSIDE DISABLED VEHICLE  
99 - OTHER/UNKNOWN**CONTRIBUTING CIRCUMSTANCES**  
1 - NONE  
2 - FAILURE TO YIELD  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN  
7 - LEFT OF CENTER  
8 - FOLLOWING TOO CLOSE/ACDA  
9 - IMPROPER LANE CHANGE  
10 - IMPROPER PASSING  
11 - DROVE OFF ROAD  
12 - IMPROPER BACKING  
13 - IMPROPER START FROM A PARKED POSITION  
14 - STOPPED OR PARKED ILLEGALLY  
15 - SWERVING TO AVOID  
16 - WRONG WAY  
17 - VISION OBSTRUCTION  
18 - OPERATING DEFECTIVE EQUIPMENT  
19 - LOAD SHIFTING/ FALLING/SPILLING  
20 - IMPROPER CROSSING  
21 - LYING IN ROADWAY  
22 - NOT DISCERNIBLE  
23 - OPENING DOOR INTO ROADWAY  
99 - OTHER IMPROPER ACTION

## SEQUENCE OF EVENTS

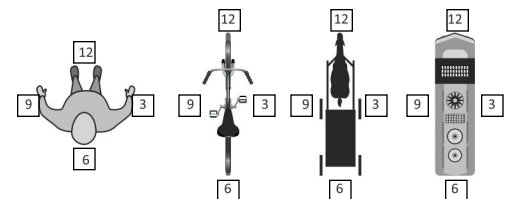
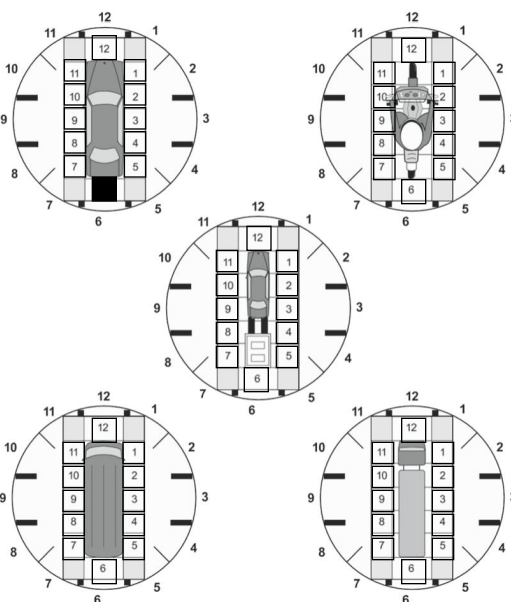
**EVENTS**  
1 - OVERTURN/ ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO/EQUIPMENT LOSS OR SHIFT  
6 - EQUIPMENT FAILURE  
7 - SEPARATION OF UNITS  
8 - RAN OFF ROAD RIGHT  
9 - RAN OFF ROAD LEFT  
10 - CROSS MEDIAN  
11 - CROSS CENTERLINE  
12 - ANIMAL - FARM EQUIPMENT  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

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

# OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

HSY8306 OH1M 1/19 [760-1500]

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER\*

M-P2602328

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                        | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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 |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <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>INJURED TAKEN BY</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>EJECTION</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>GENDER</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>TRAPPED</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 | INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT | 2 - PARTIALLY EJECTED | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | M - MALE |  | 13 - TRAILING UNIT | 1 - NOT TRAPPED | U - OTHER / UNKNOWN |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |  |  | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |  |  | 99 - OTHER / UNKNOWN |  |
| 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                 |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | EJECTION                           |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 2 - EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8 - HELMET USED                               | 8 - THIRD - MIDDLE                                                                     | 1 - NOT EJECTED                    |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 3 - POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT                                                                      | 2 - PARTIALLY EJECTED              |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 3 - TOTALLY EJECTED                |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | TRAPPED                            |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | 13 - TRAILING UNIT                                                                     | 1 - NOT TRAPPED                    |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | 99 - OTHER / UNKNOWN                                                                   |                                    |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MOORE, STEVEN LEE                             |                                                                                        |                                    |                                                 |                       | 09/30/1974                        |                  | 51            | M        |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                    |                                                 |                       | CONTACT PHONE - INCLUDE AREA CODE |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 1/2 N MAIN ST, MOUNT VERNON, OH 43050       |                                                                                        |                                    |                                                 |                       |                                   |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                    |                                                 |                       | CONTACT PHONE - INCLUDE AREA CODE |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                     |                                                                                        |                                    |                                                 |                       | DATE OF BIRTH                     |                  | AGE           | GENDER   |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP             |                                                                                        |                                    |                                                 |                       | CONTACT PHONE - INCLUDE AREA CODE |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                  |                                          |                         |                        |                                        |                  |                                             |          |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |        |                                           |                                                                                        |                    |            |                      |                                         |         |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |

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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-P2602332                             |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
| 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>08/12/2026 16:18                                                                                                                                                                                                                                                                           |                                        | 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>2                                                                      |                                                |                                                                                                                                                                                          |  |
| ROUTE TYPE<br>US                                                                                                                                                                                                                                                                                                                                                     | ROUTE NUMBER<br>36                                          | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1                                                                                        | LOCATION ROAD NAME<br>COSHOCTON                                  |                                                                                                                                                                                                                                                                           | ROAD TYPE<br>AV                    | LATITUDE<br>40.402537                                                                                                                                                                                                                                                                                          |                                        | 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>2                                                                      |                                                |                                                                                                                                                                                          |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                           | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>UPPER GILCHRIST |                                                                                                                                                                                                                                                                           | ROAD TYPE<br>RD                    | LONGITUDE<br>-82.443266                                                                                                                                                                                                                                                                                        |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                           |                                                             | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                                                      |                                                                  | 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<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |                                                |                                                                                                                                                                                          |  |
| DISTANCE FROM REFERENCE<br>543                                                                                                                                                                                                                                                                                                                                       |                                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>3                                                                                  |                                                                  |                                                                                                                                                                                                                                                                           |                                    |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
| 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<br>1 |                                                             |                                                                                                                                                      |                                                                  | MANNER OF CRASH COLLISION/IMPACT<br>6 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<br>1                                                                                                                                             |                                                | 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<br>1 |                                                                  | 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<br>1                                                                                          |                                    | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                                                                                                                           |                                        | CONDITIONS<br>2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                     |                                                | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                        |  |
| 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>2 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                                     |                                    |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
| NARRATIVE<br>UNIT 1 WAS EXITING THE PARKING LOT OF 1558 COSHOCTON AVENUE. UNIT 2 WAS EASTBOUND ON COSHOCTON AVENUE IN THE LEFT LANE. UNIT 1 BEGAN A LEFT WESTBOUND TURN ONTO COSHOCTON AVENUE FROM THE PARKING LOT, FAILING TO YIELD TO ONCOMING TRAFFIC. UNIT 1 THEN STRUCK UNIT 2 ON ITS RIGHT FRONT CORNER WITH ITS LEFT FRONT CORNER.                            |                                                             |                                                                                                                                                      |                                                                  |                                                                                                                                                                                                                                                                           |                                    | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
| CRASH REPORTED DATE/TIME<br>08/12/2026 16:19                                                                                                                                                                                                                                                                                                                         |                                                             | DISPATCH DATE/TIME<br>08/12/2026 16:20                                                                                                               |                                                                  | ARRIVAL DATE/TIME<br>08/12/2026 16:22                                                                                                                                                                                                                                     |                                    | SCENE CLEARED DATE/TIME<br>08/12/2026 16:40                                                                                                                                                                                                                                                                    |                                        | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                      |                                                |                                                                                                                                                                                          |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                       | OTHER INVESTIGATION TIME<br>24                              | TOTAL MINUTES<br>44                                                                                                                                  | OFFICER'S NAME*<br>Scott, Jackson                                |                                                                                                                                                                                                                                                                           | CHECKED BY OFFICER'S NAME*         |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                      | OFFICER'S BADGE NUMBER*<br>292-34                                |                                                                                                                                                                                                                                                                           | CHECKED BY OFFICER'S BADGE NUMBER* |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                          |  |

LOCAL REPORT NUMBER\*

M-P2602332

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SHINABERRY, CHRISTI 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>19939 ROBERTS RD, FREDERICKTOWN, OH 43019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LICENSE PLATE #<br>HXJ2889                                                                           | VEHICLE IDENTIFICATION #<br>KL7CJPSB6KB867098                          |
| VEHICLE YEAR<br>2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE MAKE<br>Chevrolet                                                                            |                                                                        |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSURANCE COMPANY<br>PROGRESSIVE SPECIALTY INS. CO.                                                  | INSURANCE POLICY #<br>868966277                                        |
| COLOR<br>Silver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VEHICLE MODEL<br>Trax                                                                                |                                                                        |
| 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<br>ON THE SPOT TOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                        |
| CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                        |
| 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 STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - STRAIGHT AHEAD<br>8 - BACKING<br>9 - CHANGING LANES<br>10 - OVERTAKING/ PASSING<br>11 - MAKING RIGHT TURN<br>12 - MAKING LEFT TURN<br>13 - ENTERING TRAFFIC LANE<br>14 - LEAVING TRAFFIC LANE<br>15 - PARKED<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - DRIVERLESS<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

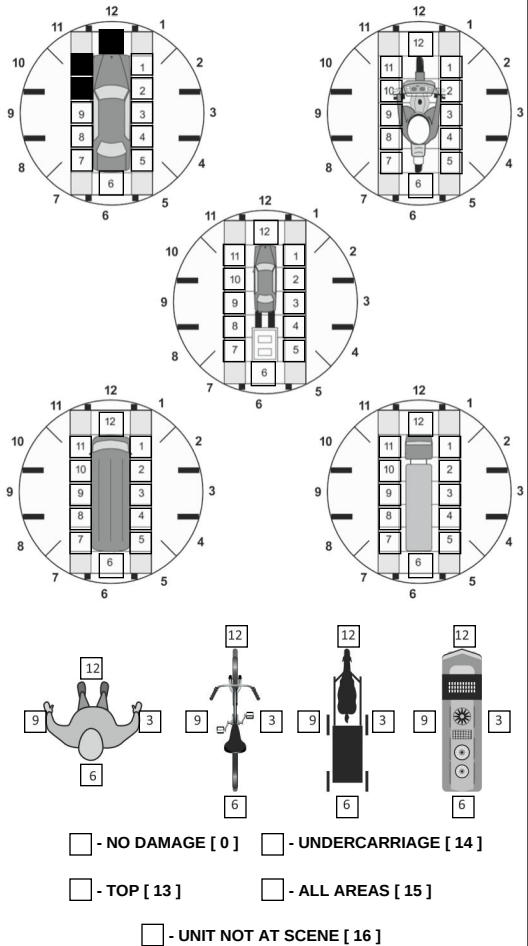
|                                      |    |                                                                                                                                                                           |                                                                                   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

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                                         |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                      | TRAFFIC CONTROL<br>6<br>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>4                                                                                                                                                         | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                 |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 4<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>35                                                                                                                                                                        | DETECTED SPEED<br>3<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                              |

LOCAL REPORT NUMBER\*

M-P2602332

UNIT #  
2OWNER NAME: LAST, FIRST, MIDDLE ( ☐ SAME AS DRIVER)  
TRUST, THE STULL FAMILYOWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVEROWNER ADDRESS: STREET, CITY, STATE, ZIP ( ☐ SAME AS DRIVER)  
12430 VINCENT RD, MOUNT VERNON, OH 43050

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE  
OHLICENSE PLATE #  
JGG3423VEHICLE IDENTIFICATION #  
2T2BK1BA0DC197922VEHICLE YEAR  
2013VEHICLE MAKE  
Lexus☐ INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR  
WhiteVEHICLE MODEL  
RX 350☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

TYPE OF USE

US DOT #

TOWED BY: COMPANY NAME

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT # OCCUPANTS  
1

VEHICLE WEIGHT GVWR/GCWR

1 - <= 10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >= 26K LBS.☐ MATERIAL RELEASED ☐ PLACARD CLASS # PLACARD ID #UNIT TYPE  
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN  
6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER /COMMUTER 10 - AMBULANCE  
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER NON-MOTORIST 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - UNKNOWN OR HIT/SKIP  
# OF TRAILING UNITS  
0WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?  
1 - YES 2 - NO 9 - OTHER/UNKNOWN  
AUTONOMOUS MODE LEVEL  
0SPECIAL FUNCTION  
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER /COMMUTER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER NON-MOTORIST 23 - PEDESTRIAN/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - UNKNOWN OR HIT/SKIPCARGO BODY TYPE  
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER/UNKNOWNVEHICLE DEFECTS  
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWNNON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWNACTION  
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - PRE-CRASH ACTIONS 7 - MAKING RIGHT TURN 8 - MAKING LEFT TURN 9 - MAKING U-TURN 10 - STRAIGHT AHEAD 11 - BACKING 12 - CHANGING LANES 13 - OVERTAKING/ PASSING 14 - MAKING RIGHT TURN 15 - MAKING LEFT TURN 16 - MAKING U-TURN 17 - ENTERING TRAFFIC LANE 18 - BACKING 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVERLESS 23 - NEGOTIATING A CURVE 24 - ENTERING OR CROSSING SPECIFIED LOCATION 25 - WALKING, RUNNING, JOGGING, PLAYING 26 - WORKING 27 - PUSHING VEHICLE 28 - APPROACHING OR LEAVING VEHICLE 29 - STANDING 30 - OTHER NON-MOTORIST 31 - WHANDLING OUTSIDE DISABLED VEHICLE 32 - OTHER/UNKNOWNCONTRIBUTING CIRCUMSTANCES  
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

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

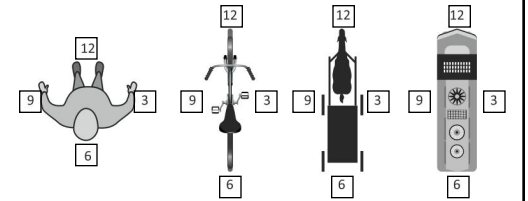
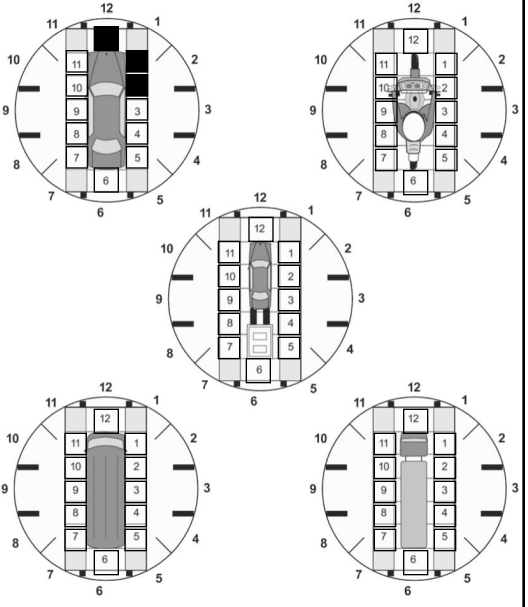
## DAMAGE

## DAMAGE SCALE

4

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

1

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

## TRAFFIC

## TRAFFICWAY FLOW

2

1 - ONE-WAY 2 - TWO-WAY

## TRAFFIC CONTROL

6

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

## # OF THROUGH LANES ON ROAD

4

## RAIL GRADE CROSSING

1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

FROM 4

TO 3

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

## UNIT SPEED

35

## DETECTED SPEED

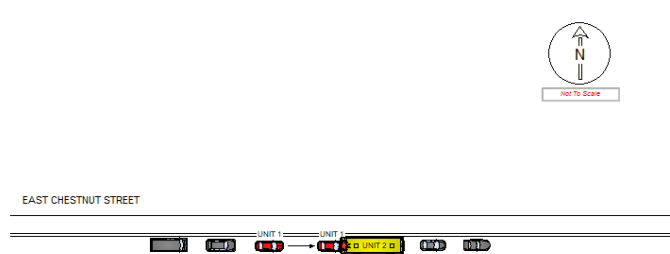
3

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

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-----------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-------------------|---------------|--------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| M-P2602332                                                                                                                                                                                                                                                                                                                                                                                 |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                               | AGE                     | GENDER            |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          | SHINABERY, PAIGE ADRIAN    |                            |                 |                                                 | 07/02/2002                                                                                                 |                               | 24                      | F                 |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 701 FOLLIN AVE APT B, 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                                                                                                                                                                                                                                                                                                                                                                                          |                            | MOUNT VERNON FIRE DE       |                 |                                                 |                                                                                                            | 4                             |                         | 1                 | 3             | 1            | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION           |                         | CITATION NUMBER   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         | UU081905                   |                            | MTV 331.22      |                                                 |                                                                                                            | Drive Onto Road/Duty To Yield |                         | MVP42012600002198 |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 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 |                               | 3                       | STATUS            | TYPE          | VALUE        | STATUS  | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT SELECT UP TO 4 |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                               | AGE                     | GENDER            |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          | STULL, RODGER BURL         |                            |                 |                                                 | 04/22/1951                                                                                                 |                               | 75                      | M                 |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 12430 VINCENT RD, 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          | 2                          | MOUNT VERNON FIRE DE       |                 | KNOX COMMUNITY HOSPITAL, MOUNT VERNON           |                                                                                                            | 4                             |                         | 1                 | 1             | 1            | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION           |                         | CITATION NUMBER   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OH                                                                                                                                                                                                                                                                                                                                                                                         | RG122425                   |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |                 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                               | CONDITION               | ALCOHOL TEST      |               | DRUG TEST(S) |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 | 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 |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE  |                            |                 |                                                 | DATE OF BIRTH                                                                                              |                               | AGE                     | GENDER            |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |                            |                            |                 |                                                 | CONTACT PHONE - INCLUDE AREA CODE                                                                          |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED |                                                 | LOCAL CODE                                                                                                 | OFFENSE DESCRIPTION           |                         | CITATION NUMBER   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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 |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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| 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                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
| 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 |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | OL ENDORSEMENT                                                                                                                                                                          |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         | 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 |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         | 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                                                                                                                                           |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                            |                            |                            |                 |                                                 |                                                                                                            |                               |                         |                   |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                         |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |  |  |  |

## 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 type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER                                                                                                                                                                                                           |                                                                                                                                                                             | LOCAL INFORMATION                                                                                                                                                                                                                                                                                              |                                                                                                                                                 | M-P2602345                                                                                                                                                           |                                                                                                                                                                                                                   |                                                |
| 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>08/13/2026 14:11                                                                                                            |                                                                                                                                                                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                                                                 |                                                |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                                                                                                                                                         | LOCATION ROAD NAME<br>CHESTNUT                                                                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                                                                 | LATITUDE<br>40.394382                                                                                                                                                |                                                                                                                                                                                                                   |                                                |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                      | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1                                                                                                                                                                         | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>MCKENZIE                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                | ROAD TYPE<br>ST                                                                                                                                 | LONGITUDE<br>-82.481997                                                                                                                                              |                                                                                                                                                                                                                   |                                                |
| 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<br>3                                                                                                                                                       | 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<br>4 |                                                                                                                                                                                                                   |                                                |
| DISTANCE FROM REFERENCE<br>182                                                                                                                                                                                                                                                                                                                                  |                                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 | 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>2 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><input type="checkbox"/> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                  |                                                                                                                                                                      | MEDIAN TYPE<br><input type="checkbox"/> 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>2 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>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN                                                                          |                                                |
| NARRATIVE<br>UNIT 2 WAS STOPPED IN TRAFFIC IN THE EASTBOUND LANE ON EAST CHESTNUT STREET. UNIT 1 WAS BEHIND UNIT 2 IN THE EASTBOUND LANE. UNIT 2 FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD, STRIKING UNIT 2 IN ITS REAR WITH ITS FRONT.                                                                                                                   |                                                             |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | DIAGRAM<br>                                                                                                                                                                                                                |                                                                                                                                                 |                                                                                                                                                                      |                                                                                                                                                                                                                   |                                                |
| CRASH REPORTED DATE/TIME<br>08/13/2026 14:12                                                                                                                                                                                                                                                                                                                    |                                                             | DISPATCH DATE/TIME<br>08/13/2026 14:14                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           | ARRIVAL DATE/TIME<br>08/13/2026 14:20                                                                                                                                       |                                                                                                                                                                                                                                                                                                                | SCENE CLEARED DATE/TIME<br>08/13/2026 14:56                                                                                                     |                                                                                                                                                                      | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                    |                                                |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                  | OTHER INVESTIGATION TIME<br>0                               | TOTAL MINUTES<br>42                                                                                                                                                                                                                   | OFFICER'S NAME*<br>Scott, Jackson                                                                                                                                                                                                                                         |                                                                                                                                                                             | CHECKED BY OFFICER'S NAME*                                                                                                                                                                                                                                                                                     |                                                                                                                                                 | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                            |                                                                                                                                                                                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                                                       | OFFICER'S BADGE NUMBER*<br>292-34                                                                                                                                                                                                                                         |                                                                                                                                                                             | CHECKED BY OFFICER'S BADGE NUMBER*                                                                                                                                                                                                                                                                             |                                                                                                                                                 |                                                                                                                                                                      |                                                                                                                                                                                                                   |                                                |

M-P2602345

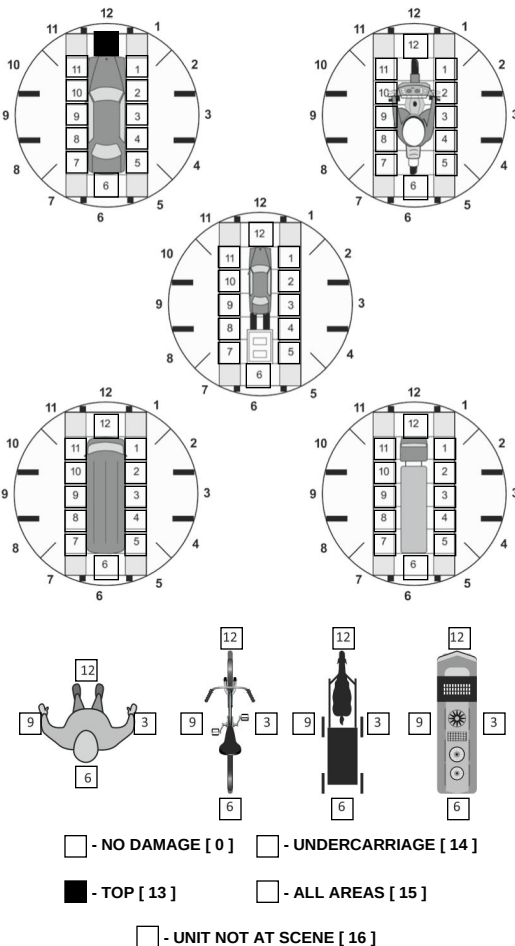
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GILLAN, BRUCE JOHN                                                    | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                                                                                                                                                                                                                                                                                             |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>10335 SPRINGWATER DR, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                        |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE #<br>FCC3338                                                                                                                           | VEHICLE IDENTIFICATION #<br>JN1FV7AR0JM480779                                                                                                                                                                                                                                                                                                                                                                                      |
| VEHICLE YEAR<br>2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE MAKE<br>Infiniti                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br>PROGRESSIVE DIRECT INSURANCE                                                                                                    | INSURANCE POLICY #<br>860715665                                                                                                                                                                                                                                                                                                                                                                                                    |
| COLOR<br>Red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE MODEL<br>Q50S                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      | CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                                                                                                                                               |
| INTERLOCK DEVICE EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HIT/SKIP UNIT                                                                                                                                        | # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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>0 - # OF TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 - MOTORCYCLE<br>2-WHEELED<br>8 - MOTORCYCLE<br>3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<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 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 STRIKING & STRUCK<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 - ANIMAL - FARM EQUIPMENT<br>13 - ANIMAL - DEER<br>14 - ANIMAL - OTHER<br>15 - MOTOR VEHICLE IN TRANSPORT<br>16 - PARKED MOTOR VEHICLE<br>17 - RAILWAY VEHICLE<br>18 - 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 - WORK ZONE<br>22 - MAINTENANCE EQUIPMENT<br>23 - WALL<br>24 - BUILDING<br>25 - TUNNEL<br>26 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>39 - LIGHT/LUMINARIES<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<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                                                                                             |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]  
☒ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]  
☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

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

## TRAFFIC

## TRAFFICWAY FLOW

2  
1 - ONE-WAY  
2 - TWO-WAY

## TRAFFIC CONTROL

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

## # OF THROUGH LANES ON ROAD

2

## RAIL GRADE CROSSING

1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

25

## DETECTED SPEED

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

| UNIT #                                                                                                                 |  |                                                                                                               |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                      |  |                                                                                                                                                          |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 2                                                                                                                      |  |                                                                                                               |  | BOARD OF EDUCATION, EAST KNOX                                                                                                                    |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                    |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 23201 COSHOCTON RD, HOWARD, OH 43028                                                                                   |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                    |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                             |  |  |  |
|                                                                                                                        |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| LP STATE                                                                                                               |  | LICENSE PLATE #                                                                                               |  | VEHICLE IDENTIFICATION #                                                                                                                         |  | VEHICLE YEAR                                                                                                                                             |  | VEHICLE MAKE                                                                                                                                            |  |  |  |
| OH                                                                                                                     |  | Q18502                                                                                                        |  | 4DRGVMMN1TB056045                                                                                                                                |  | 2026                                                                                                                                                     |  | IC-BUS                                                                                                                                                  |  |  |  |
| INSURANCE VERIFIED                                                                                                     |  | INSURANCE COMPANY                                                                                             |  | INSURANCE POLICY #                                                                                                                               |  | COLOR                                                                                                                                                    |  | VEHICLE MODEL                                                                                                                                           |  |  |  |
|                                                                                                                        |  | HYLANT ADMIN SERVICES, LLC                                                                                    |  | 40000290PKEOHP04                                                                                                                                 |  | Yellow                                                                                                                                                   |  |                                                                                                                                                         |  |  |  |
| TYPE OF USE                                                                                                            |  |                                                                                                               |  | US DOT #                                                                                                                                         |  | TOWED BY: COMPANY NAME                                                                                                                                   |  |                                                                                                                                                         |  |  |  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| INTERLOCK DEVICE EQUIPPED                                                                                              |  | HIT/SKIP UNIT                                                                                                 |  | # OCCUPANTS                                                                                                                                      |  | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                 |  | HAZARDOUS MATERIAL                                                                                                                                      |  |  |  |
| <input type="checkbox"/>                                                                                               |  | <input type="checkbox"/>                                                                                      |  | 8                                                                                                                                                |  | <input type="checkbox"/> 1 - <= 10K LBS.<br><input type="checkbox"/> 2 - 10,001 - 26K LBS.<br><input type="checkbox"/> 3 - >= 26K LBS.                   |  | <input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD <input type="checkbox"/>                                                 |  |  |  |
| UNIT TYPE                                                                                                              |  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN |  | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                       |  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                |  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE |  |  |  |
| 19                                                                                                                     |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  | 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                                                                                                    |  | 0                                                                                                             |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 2                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                          |  | 0                                                                                                             |  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                                                                             |  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                                 |  | 9 - UNKNOWN                                                                                                                                             |  |  |  |
| 1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                       |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| SPECIAL FUNCTION                                                                                                       |  | 4                                                                                                             |  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                                       |  | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                  |  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT                                                         |  |  |  |
| CARGO BODY TYPE                                                                                                        |  | 2                                                                                                             |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                               |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING                                                                                                  |  | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL                                                               |  |  |  |
| VEHICLE DEFECTS                                                                                                        |  |                                                                                                               |  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                             |  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                           |  | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                                                                                              |  |  |  |
| NON-MOTORIST LOCATION AT IMPACT                                                                                        |  |                                                                                                               |  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                     |  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                          |  | 6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK                                                                                              |  |  |  |
| ACTION                                                                                                                 |  | 4                                                                                                             |  | 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 |  | 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 |  | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                           |  |  |  |
| CONTRIBUTING CIRCUMSTANCES                                                                                             |  | 1                                                                                                             |  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                              |  | 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  |  | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY                              |  |  |  |
| SEQUENCE OF EVENTS                                                                                                     |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 1                                                                                                                      |  | 20                                                                                                            |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 2                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 3                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 4                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 5                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 6                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| 1                                                                                                                      |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| FIRST HARMFUL EVENT                                                                                                    |  | 1                                                                                                             |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |
| MOST HARMFUL EVENT                                                                                                     |  |                                                                                                               |  |                                                                                                                                                  |  |                                                                                                                                                          |  |                                                                                                                                                         |  |  |  |

LOCAL REPORT NUMBER\*

M-P2602345

DAMAGE

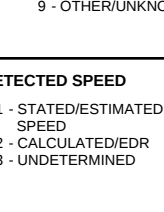
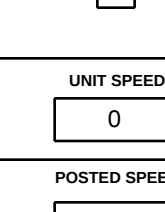
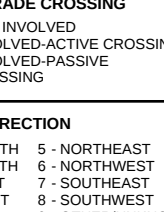
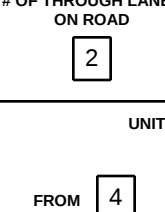
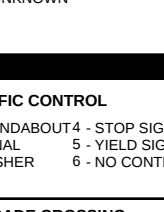
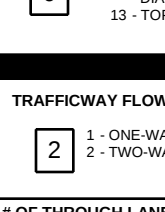
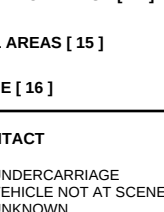
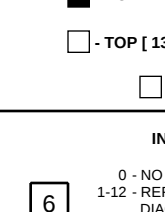
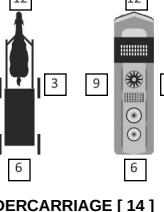
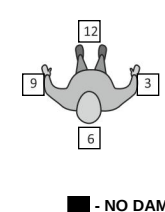
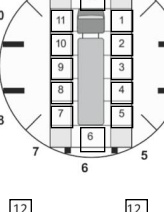
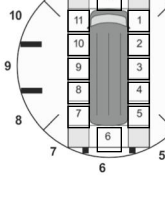
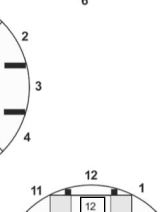
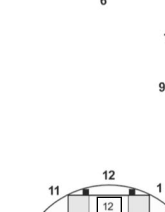
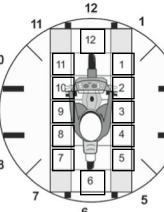
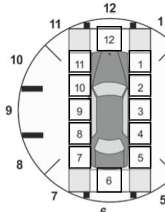
DAMAGE SCALE

1

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]

- UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]

- ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

6

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

TRAFFIC

TRAFFICWAY FLOW

2

1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL

6

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

# OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1

1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED

0

DETECTED SPEED

1

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

POSTED SPEED

25

HSY8304 OH1 1/19 [760-0820]

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                              |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                  |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | GILLAN, MARY FRANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                              |  | 06/05/1945                                                                                                                                                                                                                                                                                                                                                                                     |  | 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F      |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 10335 SPRINGWATER DR, MOUNT VERNON, OH 43050                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                            |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| DOT-Compliant MC Helmet                                                                                                                                                                                                                                                                                                                                                                    |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG USAGE                                                                                                                                                                |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                       |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                            |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                              |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RS672642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MTV 333.03A                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | ACDA- Assured Clear Distance Ah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  | MVP42012600002651                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| 4                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | ALCOHOL MARIJUANA<br>OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST(S)                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | STATUS TYPE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 1 1 .                                                                                                                                                                                                                                                                                                                                                                                      |  | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1 1                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                              |  | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                  |  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |  | LOONEY, RONALD KEITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                              |  | 07/03/1956                                                                                                                                                                                                                                                                                                                                                                                     |  | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M      |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 12619 HOWARD DANVILLE RD, HOWARD, OH 43028                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | EMS AGENCY (NAME)                                                                                                                                                            |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |  | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| 5                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| DOT-Compliant MC Helmet                                                                                                                                                                                                                                                                                                                                                                    |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG USAGE                                                                                                                                                                |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                       |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1                                                                                                                                                                            |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                              |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| OH                                                                                                                                                                                                                                                                                                                                                                                         |  | RN615240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  | 1                                                                                                                                                                                                                                                                                                                                                                                              |  | ALCOHOL MARIJUANA<br>OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST(S)                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |  | STATUS TYPE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 1 1 .                                                                                                                                                                                                                                                                                                                                                                                      |  | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1 1                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL STATE                                                                                                                                                                                                                                                                                                                                                                                   |  | OPERATOR LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OFFENSE CHARGED                                                                                                                                                              |  | LOCAL CODE                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFENSE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CITATION NUMBER                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| OL CLASS                                                                                                                                                                                                                                                                                                                                                                                   |  | ENDORSEMENT SELECT UP TO 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | RESTRICTION SELECT UP TO 3                                                                                                                                                   |  | DRIVER DISTRACTED BY                                                                                                                                                                                                                                                                                                                                                                           |  | ALCOHOL / DRUG SUSPECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  | ALCOHOL MARIJUANA<br>OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| CONDITION                                                                                                                                                                                                                                                                                                                                                                                  |  | ALCOHOL TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DRUG TEST(S)                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  | STATUS TYPE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | STATUS TYPE RESULT SELECT UP TO 4                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                   |  | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | AIR BAG                                                                                                                                                                      |  | OL CLASS                                                                                                                                                                                                                                                                                                                                                                                       |  | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| 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 |        |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                           |  | EJECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | OL ENDORSEMENT                                                                                                                                                               |  | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             |  | TEST STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
| 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 |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                           |  | TRAPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | GENDER                                                                                                                                                                       |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 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                                                                                                                                            |  | 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-P2602345

| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                                                    | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                                                    | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                                                    | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNIT #                                                                    | NAME: LAST, FIRST, MIDDLE                                                              |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS: STREET, CITY, STATE, ZIP<br>29571 BRUSH RUN RD, HOWARD, OH 43028 |                                                                                        |                                    |                                                 | CONTACT PHONE - INCLUDE AREA CODE |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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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>INJURED TAKEN BY</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>EJECTION</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>GENDER</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>TRAPPED</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 | INJURED TAKEN BY | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) |  | 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | EJECTION | 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 | GENDER | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | F - FEMALE |  | 13 - TRAILING UNIT | TRAPPED | 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                 |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6 - CHILD RESTRAINT SYSTEM - REAR FACING                                  | 6 - SECOND - RIGHT SIDE                                                                | 9 - DEPLOYMENT UNKNOWN             |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7 - BOOSTER SEAT                                                          | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                    |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8 - HELMET USED                                                           | 8 - THIRD - MIDDLE                                                                     | EJECTION                           |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| 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                |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 99 - OTHER / UNKNOWN                                                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| F - FEMALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | 13 - TRAILING UNIT                                                                     | TRAPPED                            |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| M - MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
| U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | 15 - NON-MOTORIST                                                                      | 2 - EXTRICATED BY MECHANICAL MEANS |                                                 |                                   |                                                  |                  |               |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                                                 |                                                                                        |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                                                 |                                                                                        |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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| WITNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: LAST, FIRST, MIDDLE                                                 |                                                                                        |                                    |                                                 | DATE OF BIRTH                     |                                                  | AGE              | GENDER        |          |         |        |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |  |                                          |                         |                        |                  |                  |                                             |  |                                        |                 |                    |          |         |                                               |                   |                 |            |                          |                                   |                       |                     |                                           |                                                                                        |                     |        |                      |                                         |                    |            |  |                    |         |          |  |                                                     |                 |                     |  |                   |                                    |  |  |                      |                                   |
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# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT NUMBER\***

M-P2602345

| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>REMINGTON, BRYANT                                  |                                    |                                                        | <b>DATE OF BIRTH</b><br>11/01/2018       |                                                  | <b>AGE</b><br>7               | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>SMITH, KENNEDY                                     |                                    |                                                        | <b>DATE OF BIRTH</b><br>10/21/2012       |                                                  | <b>AGE</b><br>13              | <b>GENDER</b><br>F        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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| <b>OCCUPANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UNIT #</b><br>2                                                                    | <b>NAME: LAST, FIRST, MIDDLE</b><br>Sturgeon, Braydon M                                |                                    |                                                        | <b>DATE OF BIRTH</b><br>06/08/2011       |                                                  | <b>AGE</b><br>15              | <b>GENDER</b><br>M        |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
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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>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 |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | 15 - NON-MOTORIST                                                                      | 3 - FREED BY NON-MECHANICAL MEANS  |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | 99 - OTHER / UNKNOWN                                                                   |                                    |                                                        |                                          |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
| <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>             |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ADDRESS: STREET, CITY, STATE, ZIP</b>                                              |                                                                                        |                                    |                                                        | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |                                                  |                               |                           |                      |                     |                       |                  |               |           |                                  |                                           |                  |                              |                             |                    |                    |                            |                        |                        |                   |                     |                              |                                               |                                |                        |                                             |                     |                    |                         |                                          |                         |                        |                                        |                  |                                             |                 |         |                 |                    |                 |            |                                               |                   |                       |                     |                          |                                   |                     |               |                                           |                                                                                        |                    |            |                      |                                         |                |          |  |                    |                 |                     |  |                                                     |                                    |  |  |                   |                                   |  |  |                      |  |



LOCAL REPORT NUMBER\*

HSY7001 OH1 1/19 [760-0820]

M-P2602352

|                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>LUKAS, TUCKER R                                             | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                                                             |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>348 HIGHLAND HILLS DR, HOWARD, OH 43028        |                                                                                                                                            |                                                                                                                                                                    |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                                                            | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                        |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KYL7501                                                                                                                 | VEHICLE IDENTIFICATION #<br>2HKYF18674H582722                                                                                                                      |
| VEHICLE YEAR<br>2004                                                                                                                  | VEHICLE MAKE<br>Honda                                                                                                                      |                                                                                                                                                                    |
| INSURANCE VERIFIED                                                                                                                    | INSURANCE COMPANY<br>STATE FARM                                                                                                            | INSURANCE POLICY #<br>4573319-SFP-35                                                                                                                               |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                            | US DOT #                                                                                                                                                           |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>                                             |                                                                                                                                            | 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. |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                                                                            | TOWED BY: COMPANY NAME<br>BLUBAUGHS TOWING                                                                                                                         |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>            |                                                                                                                                            | CLASS # PLACARD ID #                                                                                                                                               |
| UNIT TYPE<br>3                                                                                                                        | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                              | 7 - MOTORCYCLE<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)                                         |
| # OF TRAILING UNITS<br>0                                                                                                              | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                  | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE            |
| 2                                                                                                                                     | 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 | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                                                                                           |
| 1                                                                                                                                     | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER                                 | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE                                                            |
| 1                                                                                                                                     | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                         | 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               |
| 1                                                                                                                                     | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                       | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                                                                                     |
| 1                                                                                                                                     | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                               | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION                                                                    |
| 5                                                                                                                                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRUCK & STRUCK<br>9 - OTHER/UNKNOWN                 | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/ PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN           |
| 4                                                                                                                                     | 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                        | 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            |

## SEQUENCE OF EVENTS

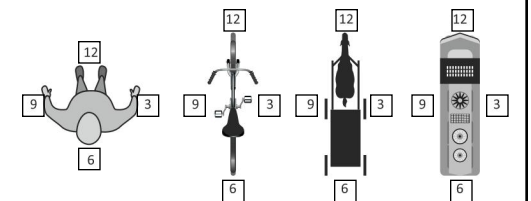
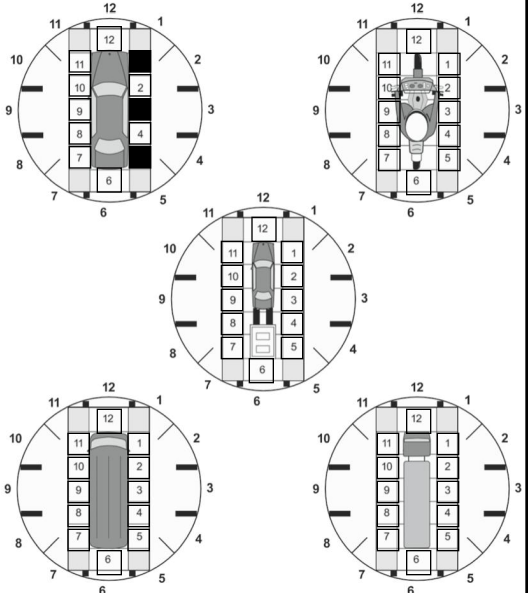
|   |    |                                                                                                                                                                           |                                                                                                                      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

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]☐ - UNIT NOT AT SCENE [ 16 ]

## INITIAL POINT OF CONTACT

1  
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<br>1 - ONE-WAY<br>2 - TWO-WAY | TRAFFIC CONTROL<br>4<br>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>1 | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|---------------------------------|----------------------------------------------------------------------------------------------------------|

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

25

## POSTED SPEED

25

## DETECTED SPEED

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER*<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">M-P2602352</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>DAMAGE</b><br><b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <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; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">4</div> <div>           1 - NONE<br/>           2 - MINOR DAMAGE         </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">9</div> <div>3 - FUNCTIONAL DAMAGE<br/>4 - DISABLING DAMAGE</div> </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: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - NO DAMAGE [ 0 ]     </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]     </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [ 13 ]     </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [ 15 ]     </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]     </div>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>INITIAL POINT OF CONTACT</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <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; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">11</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-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">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-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">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-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">1</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>RAIL GRADE CROSSING</b><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">1</div> <div>           1 - NOT INVOLVED<br/>           2 - INVOLVED-ACTIVE CROSSING<br/>           3 - INVOLVED-PASSIVE CROSSING         </div> </div>                                                |
| <b>UNIT / NON-MOTORIST DIRECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div>FROM</div> <div style="border: 1px solid black; padding: 5px; margin: 0 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">3</div> </div> <div>TO</div> <div style="border: 1px solid black; padding: 5px; margin: 0 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">4</div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;">           1 - NORTH<br/>           2 - SOUTH<br/>           3 - EAST<br/>           4 - WEST         </div> <div style="width: 45%;">           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; height: 30px; width: 100%; margin-top: 10px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DETECTED SPEED</b><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">3</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-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; width: 30px; text-align: center;">25</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| LOCAL REPORT NUMBER*                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT #                                                                                                                                                                                                                                                                                                                                                                                     |          | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                               |                                                                                                            | DATE OF BIRTH                                                                                                                                                                           |                  | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GENDER       |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |          | LUKAS, TUCKER R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | 07/31/2008                                                                                                                                                                              |                  | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M            |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 348 HIGHLAND HILLS DR, HOWARD, OH 43028                                                                                                                                                                                                                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 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       | VX603140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | MTV 331.19                                                                                                                                    |                                                                                                            | Operation @ Stop Sign                                                                                                                                                                   |                  | M-26-2352                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                          |          | GAINES, ISAAH AYERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                               |                                                                                                            | 01/18/2003                                                                                                                                                                              |                  | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M            |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 23 NICOLE CT, NEW CASTLE, DE 19720                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | DE       | 20772365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 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                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                               |                                                                                                            |                                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                              |  |
| 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 |  |